MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 10950

10943

1. PLACE OF DEATH o. COUNTY Anne Ar			MARYL.		usual residence o. STATE Maryland		b. COUNTY		befare adm	ission)
RURAL and give n	ırnie		. LENGTH OF STAY II		Patanso		rote limits, write R	URAL ond gi	ve nearest to	wn)
OR INSTITUTION	TAL (If not in hospital, gi		dress)		d. STREET ADDRES	lin Aver	nue		ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Mary Al	bert	Middle		Last	4. DATE OF DEATH	Octobe		Day	Year
5. SEX Female	6. COLOR OR RACE Colored	7. MARRIED	DIVORCED		December	24,1874	9. AGE (In years last birthday) 96 yrs.	IF UNDER 1	YEAR IF UN Days Hou	
Domestic 13. FATHER'S NAME	ON (Give kind of work of king life, even if retired) Worker	-	nd of Business or		Florid 4. MOTHER'S MAID	9	iuntry)		S.A.	T COUNTR'
Henry Lo	wel			100	Dora ?					
	ER IN U. S. ARMED FOR		CIAL SECURITY NO.	17. INFO	RMANT		Add	ress		
No	(if yes, give war or duties or se		one	Lec	Boston, I	P.W. A.	A.Co.			
Conditions, if a gave rise to i cause (a), stoting lying couse last.	the under-		NITRIBUTING TO DEA	THE BUILT NO	AT DELATED TO THE T	EDANINAI DISCASS	CONDITION CI	/EN IN DADT	1(a) 10 WA	SAUTOPS
CATIC			BE HOW INJURY OC					CIN IIN TANI	PER	FORMED?
	MEDICAL EXAMINER)									
Hour o.m. p.m.	RY Manth, Day, Yea	While of work [Not while ot work	factor	OF INJURY (Home, y, street, affice bldg.	, etc.)		(C	ounty)	(Stat
	at (I) (this hospital		the deceased f	rom Ma	rch 30,19 th accurred at	69, to 2P_M, from	10-22 the causes or		date stote	
220. SIGNATURE	nes M	Fai	i	M.D	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		23,196	22b. DATE SIGNE
22c. PHYSICIAN'S NAME (Type)	James M. Pa	ir,M.	D.		22d. ADDRESS	Carrollt	on Ave.B	alto.2	23.Md.	
230. BURIAL, CREMATIC REMOVAL (Specify	236. DATE THEREO 10-25-61	F	Mt. Aubi		REMATORY		ion (City, town, timore, 1			tate)
24. FUNERAL DIRECTOR			ADDRESS			REC'D BY REGIST	RAR 25b. REGI	STRAR'S SIG	NATURE	1
Charles R.	Law 802 M	adisor	Ave. Ba	lto	1. Md DATE	OCT 2 5 '6'	in	ing S. ?	Traus	

Tenant and a protein town The state of the s The second of th . 2003 The state of the s litter and a line Board of L. C. A. B. Co. De la Contraction de la Contra The man of the Town and the same of the same sound . No. 2 Gard Land Tree month of the Contract o proceeding the later agreement of the later agreement agreement of the later agreement of t

10 4th Avenue, S. W. VISS NO. NAME OF DECARD (Type or print) 10 10 11 1		10951	CERTIFIC	ATE OF DEATH	R	leg. Dist. No.	109
ADATE OF COLOR RACE Towns		Anne Arundel	MARYLAND	o. STATE	b. COUNTY .		admission)
d. STREET ADDRESS 10 1th Avenue, S. W. 10 1th Avenue, S. W. 2. NAME OF ROSPITAL (If not in hospital, give street oddress) 10 1th Avenue, S. W. 2. NAME OF ROSPITAL (If not in hospital) 2. NAME OF ROSPITAL (If not in hospital) 3. NAME OF ROSPITAL (If not in hospital) 4. DATE OF REEASED (If pre or pin) 2. NAME OF ROSPITAL (If not in hospital) 3. NAME OF ROSPITAL (If not in hospital) 4. DATE OF REEASED (If pre or pin) 3. NAME OF ROSPITAL (If not in hospital) 4. DATE OF REEASED (If pre or pin) 4. DATE OF REEASED (If pre or pin) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 19 NORCEO 100. KIND OF BUSINESS OR INDUSTRY 11. BIRTHACE (Sione or foreign country) 100. WINDOWED 100. KIND OF BUSINESS OR INDUSTRY 11. BIRTHACE (Sione or foreign country) 12. CITIZEN OF WHAT CO U. S. A 13. FATHETS NAME 14. MOTHETS MAIDEN NAME 15. WAS DECASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH 19. Information 19. PART II. DEATH-WAS CAUSED BY. 100. Bronche Pneumonia Seconary Anemia 101. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART [IG) 19. WAS DECASED EVER IN U.S. ARMED PORCES? 10. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART [IG) 19. WAS DECRETED 19. IN 19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART [IG) 19. WAS DECRETED 19. IN 19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART [IG) 19. WAS DECRETED 19. IN 19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART [IG) 19. WAS DECRETED 19. IN 19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART [IG) 19. WAS DECRETED 19. IN 19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN	b. CITY OR TOWN	(If outside corporate limits, write nearest town)	70 7	II X		AL and give neare	st town)
ON AFE ON A FEED CON A							IC BEGINES
DECARD (Type or print) No. Allison Digath October 10, 19	OR INSTITUTIO	N .	100		nue, S. W.		ON A FARM
No District Dist	DECEASED				OF		Yeor
Housewife Heisewife He, even if retired Housewife Housew		White WIDON	WED DIVORCED	August 27. 1894	lost birthdoy) 67 yrs.		
State Part	during most of w	orking life, even if retired)	b. KIND OF BUSINESS OR INDI				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT George L. Allison 10 4th Avenue, S. W. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH UP O Proteinemia Hype Avitaminosis 19. Was AUTOMOTION GIVEN IN PART I(o) 19. WAS		des Delesbroit	TENNEY BE				
Read Cause of Death Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Carcinoma Stomach Generalized Carcinomatosis	15. WAS DECEASED		6. SOCIAL SECURITY NO. 17.			03 · D	
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE [o] Carcinoma Stomach Generalized Carcinomatosis DUE TO Conditions, if ony, which gove rise to immediate couse (b), stoling the under: Iying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) IP. WAS AUT PERFORM YES N 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19 21. I certify that I attended the deceased from all of work of while of work of the work of the work. 21. I certify that I attended the deceased from had death accurred at 5.05 PM, from the causes and an the date stated of alive an October 10, 1961, that I last saw the decay of the work of the	3.7	(If yes, give wor or dates of service)		looman I Allian	- 30 L+L AM		
20c. TIME OF INJURY Month, Day, Year Month, Day, Name of Commander, Day, 1961, ta October 10, 1961, that I last saw the detailing and Day, 1961, that I last saw the detailing and Day, 1961, that I last saw the detailing and Day, 1961, that I last saw the detailing and Day, 1961, that I last saw the detailing and Day, 1961, that I last saw the detailing and Day, 1961, that I last saw the detailing and Day, 1961, that I last saw the detailing and Day, 1961, that I last saw the details and Day, 1961, that I last saw the detail		Ony, which) (b) Br		_ d		18	
21. I certify that I attended the deceased fram. May 13, 1961, to October 10, 1961, that I last saw the decader and one of the last saw the decader of the last saw the last saw the decader of the last saw the last saw the decader of the last saw the last saw the decader of the last saw the last saw the last saw the last saw the decader of the last saw the last sa	gove rise to cause (o), statin lying cause las	ony, which immediate by the under-	ronche Pneumoni	a Seconary An	emia inosis	I IN PART 1(o) 19.	PERFORME
alive an October 10, 1961, and hat death accurred at 5.05 PM, from the causes and an the date stated accurred at 5.05 PM, from the causes and accurred at 5.05 PM, from the	Q ove rise to couse (o), storic lying couse los PART II. C	Ony, which immediate g the under. OTHER SIGNIFICANT CONDITIONS WAS UNDERLYING 20b. DE NG CAUSE OF DEATH	ronche Pneumoni	A Seconary An Hypo Avitan T NOT RELATED TO THE TERMINAL	emia inosis disease condition given	I IN PART 1(o) 19.	PERFORME
220. BURIAL CREMATION, REMOVAL Specify Oct. 13, 1961 Woodlawn 226. NAME OF CEMETERY OR CREMATORY Burial Oct. 13, 1961 Woodlawn 226. LOCATION (City, town, or county) (Stote)	Q ove rise to couse (o), storic lying couse los PART II. C	Ony, which immediate and immed	roncho Pneumoni vpo proteinemis s contributing to death Bu ESCRIBE HOW INJURY OCCURRI INJURY OCCURRED E Not while 20e. P	A Seconary An Hypo Avitam T NOT RELATED TO THE TERMINAL ED. (Enter nature of injury in Port	emia inosis DISEASE CONDITION GIVEN I or Part II of item 18.)	H IN PART 1(o) 19.	PERFORME (ES NO
	gove rise to couse (o), stofit lying couse loss PART II. CO PART III. CO PART II. CO PART III. CO PART	Ony, which immediate graph of the under of t	roncho Pneumoni po proteinemia s contributing to DEATH BU ESCRIBE HOW INJURY OCCURRED INJURY OCCURRED le Not while of work of wor	Hype Avitam T NOT RELATED TO THE TERMINAL ED. (Enter nature of injury in Port LACE OF INJURY (Home, form, 12 belony, street, office bldg., etc.) 13, 19.61, ta Octa h accurred at 5.05 PM	dinosis DISEASE CONDITION GIVEN I or Part II of item 18.) Of. (City or town) Deer 10, 1961, A, from the causes and RESS (Street, city or town, sto	(County)	PERFORMEI (ES NO
	gove rise to couse (o), stofit lying couse loss (i) PART II. CONTRIBUTE (IF EITHER, NOTIL Hour o. n. p. n. 21. I certify alive an CTUAL SIGNATURE PHYSICIAN'S NAME (Type)	DUE TO ony, which immediate gether under to the under of	Proche Pneumoni Proche Pneumoni Proche Pneumoni Proche Pneumoni Proche Pneumoni SCRIBE HOW INJURY OCCURRED INJURY OCCURRED Port While of Work of May Scribe Port While of May And hat death Proche Pneumoni Pneum	Hypo Avitan T NOT RELATED TO THE TERMINAL ED. (Enter nature of injury in Port LACE OF INJURY (Home, form, 2 polory, street, office bldg., etc.) 13, 1961, to Octob h accurred at 5.05 PM M.D. 20 6 70 DR CREMATORY 22d	DISEASE CONDITION GIVEN Of. (City or town) Ober 10, 1961, A, from the causes and RESS (Street, cit) or town, sto	(County) that I last saw d an the date one)	r the dec stated a DATE s

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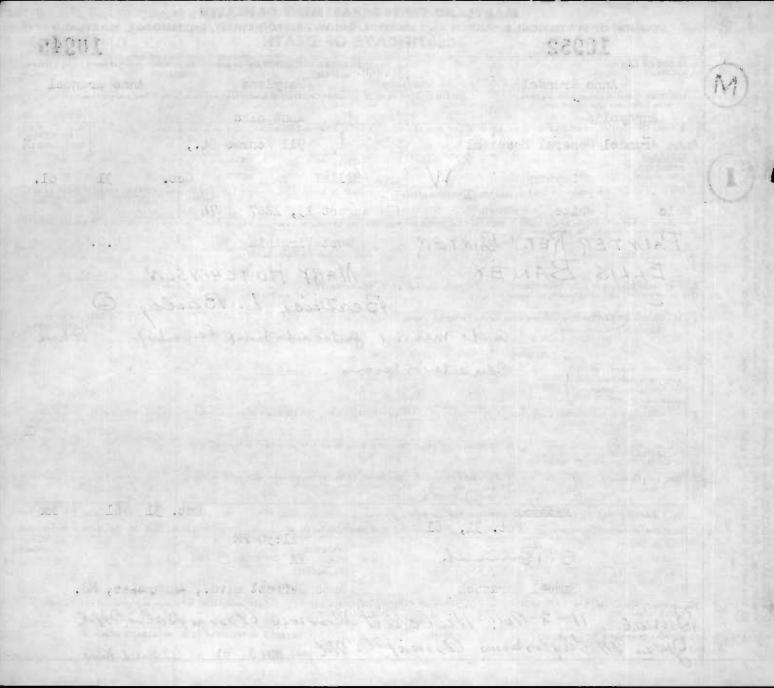
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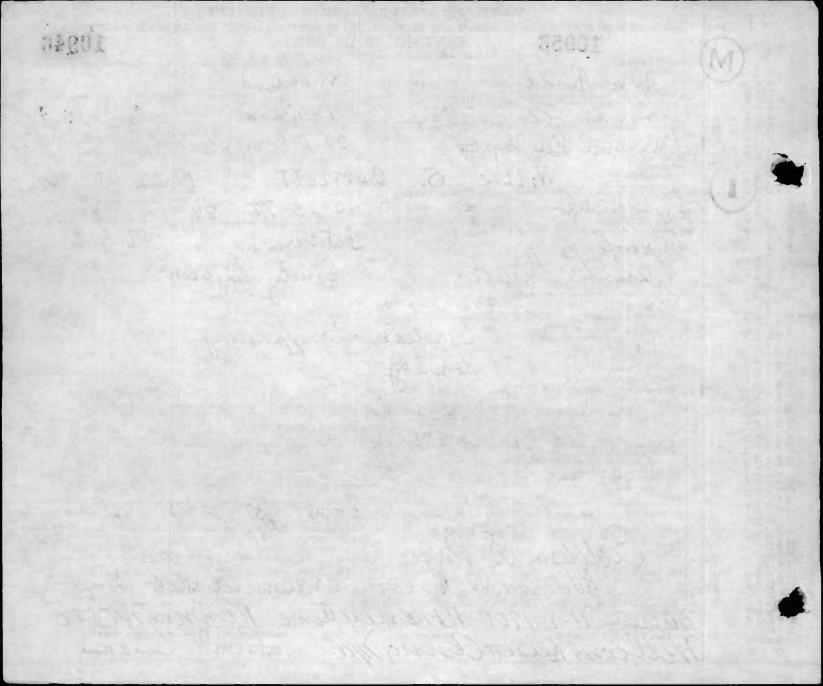
15M 7/61

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 10045 10000

10904	10323
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
a. COUNTY	a. STATE b. COUNTY
Anne Arundel MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	Maryland Anne Arundel c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CIT OK TOWN (If ourside corporate limits, write KOKAL and give nearest town)
Annapolis	Annapolis
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Anne Arundel General Hospital	911 Monroe St., YES NO X
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Yeer OF
(Type or print) Layman	BAILEY DEATH Oct. 31 1961.
	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WHOWED DIVORCED	August 15. 1887 74 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUST!	
done during most of working life, exprije retired)	TT - 1 TT C
13. FATHER'S NAME	West Virginia U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ELLIS DAILEY	MARY HUTCHINSON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (Ifyesgive werer dates of service)	INFORMANT Address
(100, 110, of discount) (11) cogretor and consolidations	Beatrice L. Barley Q
1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY	O A V O LO ONSET AND DEATH
IMMEDIATE CAUSE (0) and massing	gastromata Final hammitage Shis.
450.0 DUE TO	
Conditions, if eny, which (b) Sen area or les	one
geve rise to immediate cause	
(e), staring the underlying	
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
OF The state of th	PERFORMED?
Y CONTRACTOR OF THE CONTRACTOR	YES NO X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH III FIFTHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Pert I or Pert II of item 1B.)
ZOc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, ' 20f, (City or town) (County) (State)
Hour e.m. While Not While tac	ctory, street, office bldg., etc.)
21. I certify that (I) (this name) attended the deceased from.	
saw the deceased alive on Oct. 31, 1961., and that	t death occured at
22e. SIGNATURE	ATTENDING MED. STAFF SIGNED
22c, PHYSICIAN'S	A.D. PHYS. DIRECTOR PHYS.
NAME (Type)	
Samuel Borssuck	Amos Garrett Blvd., Annapolis, Md.
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d, LOCATION (City, town or county) (Stete)
Durice 11-3-1961 Heleres	Tollemereica Comapolis Ma
24 EUNERAL DIRECTOR'S SIGNATURE ADDRESS	258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
yellen M. Jaylor Suns Chronapo	Co Mel DATE MOV 3 '61 Cirtury S. Kraus
//	The state of the s



RYLAND STATE DEPARTMENT OF HEALTH ESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH 10953 funeral /6/61 2. USUAL RESIDENCE (Whara dacassed lived, If institution: Rasidance before admission) PLACE OF DEATH a. COUNTA b. COUNTY the d 2 MARYLAND death. and b. CITY OR TOWN (if outside corporate timits, C. LENGTH OF STAY IN 16 (If outside corporate limits, write RURAL and give nearest town) by write RURAL and give nearest town) yrs. 0 mo. filled in Pages 1 after . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? YES NO 4 and completely carbon papers. 3. NAME OF Middle DATE Day DECEASED (Typa or print) DEATH 19 AGE (In years UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RAC 7. MARRIED NEVER MARRIED last birthday) Months Hours WIDOWED L DIVORCED yrs. physician USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? гетоуе 10b. KIND OF BUSINESS OR INDUSTRY (County & Stata, or foreign country) during most of working life, aven if retirad) please guipi aften 16. SOCIAL SECURITY NO. I INFORMANT Fen (Yas, no, or unkown) | (Ifyasgivawarordatesofsetvica) the 18. CAUSE OF DEATH [Enter only one cause per line for a) INTERVAL BETWEEN (b), and physician. P ONSET AND DEATH PART I. DEATH WAS CAUSED BY: gned IMMEDIATE CAUSE (a) burial-transit DUE TO peen Conditions, if any, which gava risa to immediata causa DUE TO (a), stating the undarlying cause fast. the o PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY certificate PERFORMED? hospital as of NO Z 2Db. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of item 18.) use Prior 20a. ACCIDENT WAS UNDERLYING for OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) the After this detached 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm,) à 20c. TIME OF INJURY 20f. (City or town) (County) (Stata) Month, Day, Year factory, streat, offica bldg., etc.) Not While While Hour a.m. at work at work DIRECTOR: 21. I certify that # (this hospital) attended the deceased from.... to. 10 19.6/, that (+) (we) last 19.64..., and that death occured at plnods M, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. DIRECTOR PHYS. M.D. FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, filed (State) 23a. BURIAL, CREMATION, | 23b. CEMETERY OR CREMATOR EMOVAL (Specify) 0 25a. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATUR VR A15 (4) DATE OCT 3 1 Chilhun S. Kraus 15M 9/60

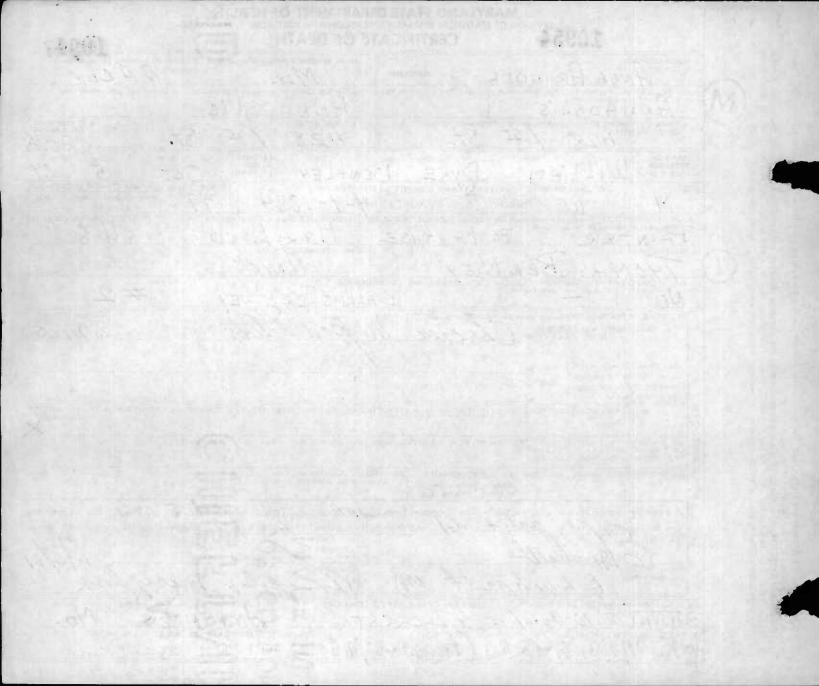


VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

10954 CERTIFICATE OF DEATH

		10954 CERTIFICATE OF DEA	TH	18047
1	1. P	PLACE OF DEATH a. COUNTY ANNE ARYLAND 2. USUAL RESIDENCE a. STATE MARYLAND	(Where deceased lived. If institution: Resider b. COUNTY	nce befare admission)
	Ь	b. CITY OR TOWN (If autside carporate limits, write RUPA) and give nearest tawn)	N (If autside carporate limits, write RURAL and	give nearest tawn)
	d	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION 428 428	1st St. 1	e. IS RESIDENCE ON A FARM? YES NO
	C	NAME OF DECEASED (Type or print) WILLIAM DYKE BENTLEY	4. DATE Manth OF DEATH OCT.	Day Year 5 196/
	S. S	6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWED DIVORCED 4-1-18	9. AGE (In years last birthday) Wanths	R 1 YEAR IF UNDER 24 HRS. Days Haurs Min.
		USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (During most of working life, even if retired) BOAT + HOUSE MA	RYLAND	TIZEN OF WHAT COUNTRY?
1		THOMAS BENTLEY 14. MOTHER'S MAIL	UNK"	
	15. \ (Yes,	was DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT DALLAS	ENTLEY Address #	2
		1B. CAUSE OF DEATH [Enter anly ane cause per line far (6), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise ta immediate cause (a), stating the under-lying cause last. [b] DUE TO [c]	delias -	INTERVAL BETWEEN ONSET AND DEATH
	FICATION	PART II. OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE		RT 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(ED) 25 (E) (E)	
	MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur a. m. 19 While at wark at wark 20d. INJURY OCCURRED 40e PLACE OF INJURY (Hame factory, street, affice bldg at wark 40e a		(Caunty) (State)
		21. I certify that (I) (this haspital) attended the deceased from saw the deceased plive on saw the deceased plive on 18cl., and that death occurred at 12cl. SIGNATURE M.D. ATTENDING PHYS. 22c. PHYSICIAN'S NAME (Type) FLIW har A MB Comments		e date stated abave. SIGNED Lower
	23a.	BURIAL CREMATION, 236, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 10-9-6/ 11-CREST	23d to CATION (City, tawn, ar caunty)	MO.
	10	FUNERAL DIRECTOR'S, SIGNATURE Son ADDRESS ADDRESS M. J. DAT	REC'D BY REGISTRAR 256. REGISTRAR'S SI	



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	MATERIAL STREET	entha regal afternoon	
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	the second of the second	1 Bown Hawatter 367	

TO SSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exercised within 24 hours after a space A may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and commetely filled in by the funeral director, page 3 should be defacted for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 10948 10956

1.	PLACE OF DE	ATH		~ · · · · · · · · · · · · · · · · · · ·	2. USUAL	RESIDEN	CE (When	deceased lived	If Institution	Residence	e before e	dmission)
L	Anne Arundel MARYLAND					Mary	land	ь. сс	Ann Ann	e Ar	undel	
/		N (if outside corporate time and give nearest town)	ts,	c. LENGTH OF STAY IN 1	c. CITY	OR TOWN (I	If outside o	corporate limits, v	rite RURAL a	nd give n	eerest tow	n)
1	Annapo			2 days		RURA	AL -	Shadysid	e			
15	d. NAME OF HO	SPITAL OR INSTITUTION	if not In ho	papitel, give street eddress)	d. STREE	T ADDRESS		J				SIDENCE
		del General			1				*			NO I
3	NAME OF DECEASED	First		Middle	Last		4. DAT	TE M	nth	Day	Yeer	
Y	(Type or print)	John			BROOK		OF DEA	UCLC		8		61.
5	. SEX	6. COLOR OR RACE	7. MARR	ED NEVER MARRIED	8. DATE OF BII	RTH		9. AGE (In ye last birthda			IF UNDER	
	Male	Negro	WIDOW	TED DIVORCED	Feb.	15, 18	386	116/75	Month	Deys	Hours	Min.
10	one during most o	PATION (Give kind of work f working life, even if retire	(d) 10b.	KIND OF BUSINESS OR INDU	TRY 11. BIRTHP	LACE (Coun	ty & State	or foreign coun	ry) 12. C	ITIZEN O	WHAT C	OUNTRY?
	vaterr			a 500d		Marvla	and	Baltima	re	U.	S.	
	. FATHER'S NAM				14. MOTHER							
1	rellisin	Purker			Cak.	, (teu	iart				
		EVER IN U.S. ARMED FOR		SOCIAL SECURITY NO. 17	INFORMANT		100	Add	ess			
1,	No, or unkown	(If yes give war or detes of		none 14	azelle	Bron	PC	Shad	, cida	1	11.	
	18. CAUSE O	F DEATH [Enter only one			0 = 0170	100	~ >	20100	3700	INT	RVAL BET	
		EATH WAS CAUSED BY:		Na an	- 07	1		1.16		ON	SET AND D	EATH
	100	IMMEDIATE CAUSE (a)		Ju cers	000						1	V
		DUE TO			V							
E	Conditions, if											
	(a), stating the	A DILLE SO								- 2	-	
	cause lest.											
N	PART II. O	THER SIGNIFICANT CONDI	TIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEA	SE CONDITION	GIVEN IN PAI	RT 1(a) 19	PERFO	
K	Park I									1		NO X
CERTIFICATION	20e. ACCIDENT OR CONTRIBUTI (IF EITHER, NOT	WAS UNDERLYING AND CAUSE OF DEATH	20b. DE	SCRIBE HOW INJURY OCCU	ED. (Enter nature	of injury in I	Pert I or Pe	ert II of item 1B.)			n,	
13	20c. TIME OF I	NJURY Month, Day, Ye	ar 20d.		LACE OF INJURY			(City or town)	(Co	ounty)		(State)
MEDICAL	Hour a.		Whi-at wo	1401 111110	actory, street, offi	ce bldg., etc.	.)					
			telà atter	nded the deceased from	n		19	to Oct.	8 19	61 11	nat (I) (XXX last
				19.61 and th								
	22a. SIGNATU		1	1		10:0	0 P.1	M.				DATE
	1	do	lan	14. 16	M.D. PHYS.		MED. DIRECTOR	STAFF PHYS.	7		1111	SIGNED
	22c, PHYSICIA	N'S	NVV	1	22d. AE	Section 1					10/1	y es
	NAME (T	Fdwin Dav	is, J	r. M.D.	100	Cathed	ral S	St., Ann	apolis	. Md.		
2	Ba. BURIAL, CREM	ATION, 236. DATE THE		23c. NAME OF CEMETER				OCATION (City,				ete)
	REMOVAL ISPON	Ort 11	196	(Frankling		,	C6.	walston	1	K	rd.	
2.	FUNERAL DIREC	TOR'S SIGNATURE	1	ADDRESS A	1.1	25a. REC	'D BY REG	GISTRAR 25b.	REGISTRAR'S	SIGNAT	URE	, -
1	Berne	al Hard	the.	Anfesvelle	cell	DATE	OCT 1	3 '61	arthur	1 8. th	rains	
=						PAIL						

AND A PARTIE OF THE PROPERTY AND ADDRESS OF THE .

FOR STATE HEALTH DEPT TO JOUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death by delay is necessary, please execute the certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to fine funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10957 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 10949

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) a. STATE b. COUNTY Same						
1	a. COUNTY							
ij	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		If outside corporete limits, write	RURAL end give nearest town)			
1	Harmans	One year	Same	X				
1	d. NAME OF HOSPITAL OR INSTITUTION (If not In hosp		d. STREET ADDRESS		. IS RESIDENCE			
					ON A FARM?			
•	Box 82c	AA* 1 87	I Same		YES NOXX			
1	DECEASED	Middla	Last	4. DATE Month	Dey Year			
	(Type or print) Chloe Brown			DEATH October	20th. 1961			
	5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED B	. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.			
ı,	TO WIDOWEI		7/5/88	iast birthday) 73 yrs.	Months Days Hours Min.			
F		ND OF BUSINESS OR INDUSTR	1/2/00		1 12. CITIZEN OF WHAT COUNTRY?			
I	done during most of working life, even if retired)							
1	Housewife 13. FATHER'S NAME		Prince Ge	orge County, Md	USA			
	13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME				
M	John Dorsey		Mary Jen	kine				
4	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. I	NFORMANT	Address				
Т	(Yas, no, or unkown) (Ifyesgivewarordetesofservice)		/					
-	1 18. CAUSE OF DEATH [Enter only one cause per li	A	delai Epp (n	iece)				
Т	DADT I DEATH WAS CALISED BY.				INTERVAL BETWEEN ONSET AND DEATH			
1	IMMEDIATE CAUSE (a) Gene	ral arterioste	erosis		3			
	450.0 DUE TO							
1	Conditions, if eny, which \ (b)							
Т	gava risa to Immadiata cause							
ı	(a), sleting the underlying DUE TO							
1	cause last. (c)							
1	PART II. OTHER SIGNIFICANT CONDITIONS CON	INBUTING TO DEATH BUT NO	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED?					
1	5				YES NO			
I	PART II. OTHER SIGNIFICANT CONDITIONS CON 208. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRIP	BE HOW INJURY OCCURED. (E	nter nature of Injury In Per	t I or Part II of item 18.)				
- 8								
	20c. TIME OF INJURY Month, Dey, Yeer 20d. II Hour a.m. Whila		CE OF INJURY (Home, farm		(County) (Stata)			
	Hour a.m. While		ory, street, office bldg., atc.	•)				
	7		U A.I	1 (707)				
	21. I certify that I took charge of the remaining			Inspection X. Inquiry				
Т	death resulted from: Natural causes X,	Accident, Suici	de, Homicide	Undetermined ma	nner			
ŀ	1 1 A 2/2		CHIEF MEDICAL EXAMINER					
	SIGNATURE GUSTAVE PO.T's	ruberoup	ASSISTANT MEDICAL EXAMINER DATE SIGNED					
1	SIGNATOR		DEPUTY MEDICAL	EXAMINER 10/2	0/61			
1	NAME (Type)	1 36 5						
9	228. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OR	Address (Street, city, town, or county) Glen Burnie, Md. RY OR CREMATORY 22d. LOCATION (City, town, or country) (Stele)					
	REMOVAL (Specify)	Mt. O. I		D. 111	or country) (Stele)			
1	130rioh 110/29/61	111, 641-1	JAry	Jorookhyn	1019			
	23. FUNERAL DIRECTOR	ADDRESS +/	m 240. REC		TRAR'S SIGNATURE			
	C. O. Wiland 100	013 MANThey	1822 DARGT	23 '61 Circh	1 8. Thous			
-								

MARYLAND STATE DEPARTMENT OF HEALTH

		ATE OF DEATH	10950
1.	LACE OF DEATH C. COUNTY MARYLAND	2. USUAL RESIDENCE Where deceased lived. If institution in the second se	
	c. LENGTH OF STAY IN 16 REPAIL and give nearest town!	c. CITY OR OWN (If outside carporote limits, write	e RURAL and give nearest town)
	I. NAME OF HOSPITAL (If not in hospital/give street oddress) OR INSTITUTION	d. STREPT ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF PIECE ASED Type or print) Check By	COUNT DEATH	10 9 196/
S.	Tensale (OC WIDOWED DIVORCED	B. DATE OF BIRTH 5-1-1876 9. AGE (In yeo lost birthdoy 8.5 y)	rs.
100	USUAL OCCUPATION (Give kind of work done of the state of working life, even if refired)		12. CITIZEN OF WHAT COUNTRY?
13.	John Henry Curtis	Harriett Rebecci	a Curtis
(Ye	no. Jeshkown) [If yes, give war ar dates af service)	anie Green Ed	genater Ma
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	afthe Lind +	INTERVAL BETWEEN ONSET AND DEATH
	Canditians, if any, which gove rise to immediate (b)	W	
z	Couse (a), stating the under- lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	HIT NOT BELATED TO THE TERMINAL DISEASE CONDITION OF	DIVENTIN BART 1/2 10 WAS ALTOPSY
FICATION	Generalized Orter	RED. (Enter noture of injury in Port I or Port II of item 18.)	PERFORMED?
AL CERTIFI	OR CONTRIBUTING A CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PLACE OF INJURY (Hame, form, 20f. (City ar town)	(Caunty) (State)
MEDICAL		factory, street, affice bldg., etc.)	(Store)
	21. I certify that (I) (this hospital) attended the deceased fram saw the deceased alive an	. (1 . (1)	and on the date stated abave.
	22c. PHYSICIAN'S	M.D. ATTENDING MED. PHYS. DIRECTOR PHYS. 224. ADDRESS	10 K SIGNED
220	NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	110-clay It Clin	1466 KG
1	BERMOVAL (Specify 10-12-1961 HPRES C) FUNERAL DIRECTOR'S SIGNATURE	Mapel Edgewat	GISTRAR'S SIGNATURE
2	falliam Reesett. Unia.	h lall	allun S. Kraus

VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 10050 ted within 24 hours aft

1	1. PLACE OF DEATH	CE /Where deserred	lived If institution. Dec	idanas hafata admissian)					
d	e. COUNTY		2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before						
Н	Anne Arundel	Maryland		Baltimore (City /				
	write RURAL and give nearest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate lim	nits, write RURAL end g	ive neerest town)			
		mos. 7 days	Baltimor	e	- V	VI			
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital,	give street eddress)	d. STREET ADDRESS			e. IS RESIDENCE			
	Crownsville State Hospital		the second secon	ndson Aven		YES NO			
I	3. NAME OF First DECEASED	Middle	Last	4. DATE OF	Month	Dey Yeer			
4	(Type or print) Stewart	J.	Brown	DEATH		1961			
	5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8.	DATE OF BIRTH		In yeers IF UNDER 1 YE				
1	Male Negro WIDOWED	d hand t	March 7, 189	4 67	yrs.				
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Cour	ity & Stete, or foreign	country) 12. CITIZE	N OF WHAT COUNTRY?			
Э	Steel-Worker		Unknow	$\mathbf{a} \vee a_1$	U.S	S.A.			
	13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME					
	Unknown Albert	Brown	Unknow	n					
		IAL SECURITY NO. 17. II	NFORMANT		Address				
ı	Yes (Ifyesgivewerordetesofservice) 1918 - 1919 216-	10-4186 Но	ospital Reco	rda					
1	18. CAUSE OF DEATH [Enter only one ceusa per line for		opproar neco	140		INTERVAL BETWEEN			
1	DARTI DEATH WAS CAUSED BY					ONSET AND DEATH			
	MMEDIATE CAUSE (e) Acute Decompensatory Heart Failure								
	023X DUE TO								
	Conditions, if eny, which \ (b) Syphili	itic Cardiova	scular Disea	98.					
Я	geve rise to immediate causa								
	(a), stating the underlying								
	(0)	LITING TO DEATH BUT NO	RELATED TO THE TERMI	NAL DISEASE CONDIT	ION GIVEN IN PART 10	all 19. WAS AUTOPSY			
-	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 15 Diabetes, Mellitus 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING COR CONTRIBUTING CHARGE CONDITION CONTRIBUTING CHARGE CONDITION CONTRIBUTING COR CONTRIBUTING CHARGE CONDITION CONTRIBUTING CHARGE CONDITION CONTRIBUTION CONTRIBUTI								
	Diabetes, Mellitus 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.)								
1	200. ACCIDENT WAS UNDERLYING 20b. DESCRIB	HOW INJURY OCCURED.	(Enter nature of injury in	Part I or Part II of item	18.)				
1									
1	0 200	1 .	CE OF INJURY (Home, fern		n) (County	(Stete)			
Ц	Hour e.m. 19 et work	AND THE RESIDENCE OF THE PERSON OF THE PERSO	ry, street, office bldg., etc	•)					
d	P.101		5/1	-61 . 10/	8 406	, that (I) (we) last			
9	21. I certify that (I) (this hospital) attended	the deceased from							
9	saw the deceased alive on	19.61, and that	death occured at	50M, Prom the	auses and on the	date stated above.			
	229. CSTENYATURE			MED STA		ZZb. DAIE			
	Hadland Whish Veine	M.I	action TOP	DIRECTOR PHYS		10/9/61			
	22c. PHYSICIAN'S		22d. ADDRESS						
4	NAME Wype) Hildegard Heard I	deissman, M.	D. Crownsvi	lle State	Hospital, 1	Maryland			
	23e. BURIAL, CREMATION, 23b. DATE THEREOF 23	c. NAME OF CEMETERY C			(City, town or county)	(Stete)			
	BEHOVAL (Specify)		1111	011	1	11-1			
		Salto, Na	1 - Come	139/10	Cil	11/161			
	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS, WES	25e. REC	T 1 1 '61	Sb. REGISTRAR'S SIC				
	Shipping JULLIU		LICAN DATE OF		Cirimon S. M	NAMES			
-	1011	N. ATUN	CHUIU IS A	It.					
		7 7 7	- 10						

down. Page 4 may be retained by the hospital or attending pnystcian.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral transit or the burial transi papers. Pages 1 n 72 hours after Pages any event, with to burial, cremation, or removal, State Dept. of Health director, page 3 VR A15 (4)

The law requires that the death certificate be

OR ATTENDING PHYSICIAN:

15M 9/60

F 19 6 1 1 1 TWO NEEDS AND ASSESSED. HA CAPTURE .. . WITCH IN COMP. The state of the s \$ who and a completion of the comple CELL BUST THE PROPERTY E-3 consignity of the contract of

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10960 CERTIFICATE OF DEATH Rea. Dist. No. director, iled with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY L. COUNTY ANNE ADJINDE filed MARY! AND MARYLAND ANNE ARLINDET b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) be RURAL and give nearest town) ANNAPOL IS shauld ANNAPOL IS 53 Davs d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION YES TO NO TH .S. Naval Hospital, Annapolis, Maryland 195 Hanover Street NAME OF 4. DATE Month Year-DECEASED DEATH (Type or print) Smith Rex CALDMELL 1951 Octoberer 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH lost birthdoy) Months Days 6 September 1901 Male WIDOWED T DIVORCED | Cauc 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12! CITIZEN OF WHAT COUNTRY? Naval Officer Navv United States Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert Lee CALDWELL Josephine BARNES IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address'Annanolis. Yes, no, or 105 Hanover Street 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 204.0 **DUE TO** Conditions, if ony, which gove rise to immediate DUE TO casse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES Y NO 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour a. m. Not while of work of work 21. I certify that I attended the deceased from 9 August ..., 1961, to 1 October ... 1961, that I lost saw the deceased ., 19.61___, and that death occurred ot_1:10A_M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE M.D. _____ 2 October 1961 PHYSICIAN'S Jr., CDR MC USNU.S. Naval Hospital, Annapolis, Warvland. NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c-NAME OF CEMETERY OR CREMATORY REMOYAL (Specify)

ADDRESS

240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

VS A1S (4) 15M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

4 27 7 3 Cartinal Cartinal Control + 1 * and the second second Can be able to be at the b Side of the state of to North and the same of the A Land Comments the 117 the County of the County The state of the s agrain or the state will see they seem as a pool of the first to be accordance to the first seem of the first seems of the firs Party and the same of

de. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ettending physician and commetely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, end in any event, within 72 hours after death. SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

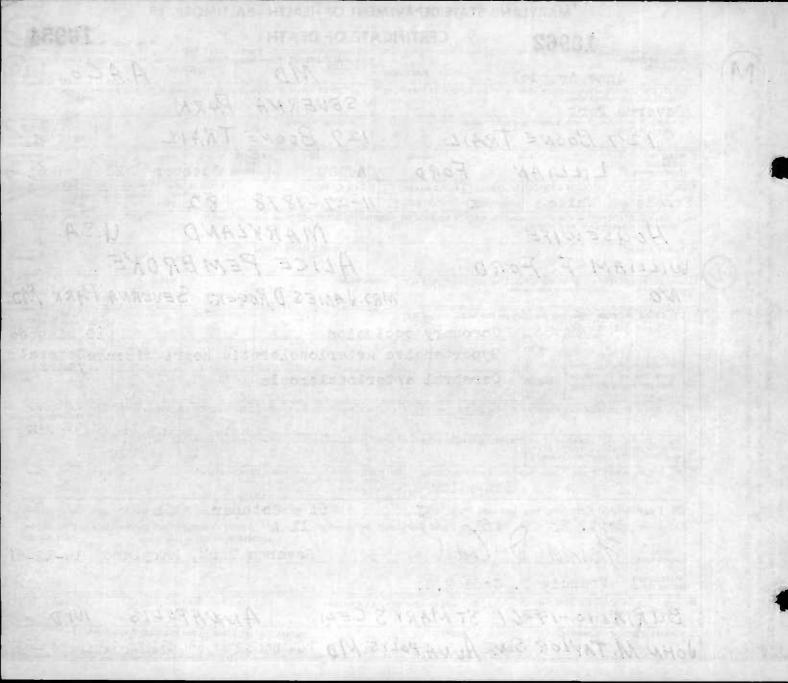
VR A15 (4) 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10961 CERTIFICATE OF DEATH 10953

1. PLACE OF DEATH a. COUNTY Anne Arundel MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before edmission) a. STATE Maryland Anne Arundel						
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)						
Annapolis	Annapolis						
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?						
Anne Arundel General Hosp@tal	33 Badger Road, Arundel Estates VES NO X						
3. NAME OF First Middle	Last 4. DATE Month Day Year						
100	CAMPBELL DEATH October 10 1961.						
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	3. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.						
	June 24, 1900 61 yrs. Months Days Hours Min.						
10e. USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR INDUSTR							
done during most of working life, even if retired)	New Jersev U.S.						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
1 Sthus Pi Campliago	Gran Mappen						
	INFORMANT Address						
(Yes, no, or unkown) (If yes give war or dates of service)	telan Campbell (2)						
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN						
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) PEngleral circul	Conset and Death						
4001							
Conditions, if any, which	are fear. feature let year						
gave rise to immediate cause	The state of the s						
(e), stating the underlying DUE TO	el tire la la descuri yeur						
(c)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY						
gle Congretio te distaile. Thermatic tent disease YES NO []							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NO. 201. ACCIDENT WAS UNDERLYING TO DEATH OP! CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Pert II of item 18.)						
	ACE OF INJURY (Home, ferm, lorry, street, office bldg., etc.) 20f. (City or town) (County) (Stete)						
21. I certify that (I) (this koskinal) attended the deceased from.	July , 1960, to Ollow , 1961, that (1) (NOIC) las						
	t death occured at						
22a. SIGNATURE	0:45 A.M. 22b. DATE						
Gerard Church	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 10/10/67						
22c. PHYSICIAN'S NAME (Type) CERRO O CHARLES	22d. ADDRESS 121 Cathedral St., Annapolis, Md.						
23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERS							
Durial 10-12-1961 Cedar 12	luff Umapole Ma						
24 HOLM M. Taylor Sir Chrospolis	Med 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE OF 1 7'61 Order S. Huma						

-Louis Cott , in himself Control description of the control of matternal pr. s mine political A Carlo March - 12 Villa March 18 March MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



			1	
IO SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	ician,	IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and comparedly filled in by the funeral	director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, Pages 1 and 2 should	be filed with the State Dept. of Health prior to burial, cremation, or removal and in any event, within 72 hours after death
The law requir	attending physic	s been signed	burial-transit pe	al, cremation, o
PHYSICIAN:	the hospital or	his certificate ha	for use as the	Ith prior to buri
ATTENDING	be retained by	ECTOR: After !	uld be detached	ite Dept. of Hea.
OR	may	DIRI	s sho	e Sta
SPITAL	d. Page 4 may be retained by the hospital or attending physician.	TO FUNERAL	director, page 3	be filed with th
H		H		

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
10963 CERTIFICATE OF DEATH
10955

1	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)						
/	a. COUNTY Anne Arundel MARYLAND	a. STATE Maryland b. COUNTY Anne Arundel						
A	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	a c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
	write RURAL and give nearest town) Annapolis	Annapelis						
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	H. STREET ADDRESS						
		ON A FARM?						
Pro	Anne Arundel General Hospital 3. NAME OF First Middle	4 Rosecrest Drive, Primrose Acre	S YES NO XX					
	DECEASED	OF						
	(Type or print) William		L3 19 61					
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEA						
ń	Male White WIDOWED DIVORCED	Dec. 11, 1882 78 yrs.						
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, every in entrolly)	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN	OF WHAT COUNTRY?					
	farmer let. Farm	Virginia U.S.						
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	LAVID LEWIS LHARLTON	REGINA YINGLING						
)	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	A L.L.						
	(Yes, no, or unkown) (Hyes give war or dates of service)	Elizabeth F. Charlton # 2						
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN					
	PART I, DEATH WAS CAUSED BY: DEREZPOI	THROMBOSKS	ONSET AND DEATH					
	MANAGEM TE CHOSE (a)	11/1011/00	10 11/3					
	332X DUE TO							
	Conditions, if any, which (b)							
	(a), stating the underlying DUE TO							
	cause last. (c)							
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?							
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING 2 CAUSE OF DEATH III EITHER, NOTIFY MEDICAL EXAMINER)	T DISENSE	YES NO XX					
	20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH							
	(IF EITHER, NOTIFY MEDICAL EXAMINER)							
	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County)	(State)					
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (County) (State) Hour a.m. While Not While at work at work at work							
		Oct. 2. 1961 to Oct. 13. 1961	that (1) XXXX last					
	21. I certify that (I) (MEXICOLOGIA) attended the deceased from Oct. 2,, 19.61 to Oct. 13,, 19.61, that (I) XXX last saw the deceased alive on Oct. 12,							
g	saw the deceased alive on 1994, and that death occurred at							
I	ATTENDING MED. STAFF SIGNED							
	22c. PHYSICIAN'S	D. PHTS. RECTOR PHTS.	10/13/61					
	NAME (Type) Edward S. Beck, M.D.		ra .					
		71 Franklin St., Annapolis, M OR CREMATORY (23d, ACCATION (City, town or coupty)	(State)					
	23. BURIAL, CREMATION, 23b. DATE THEREOF 23 MAME OF CEMETERY	1 //-	110					
	Amual 10 10 - 61 st. Mary	olem. Umapalis	10100					
	TONERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS ACC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE							
	John 11. Taylor you murep	ples MURATE VIII 1 161 arthur S. H	raigh					

THE STATE OF THE S a concerned live, eristee as of Farmer Steel James To LAMB LEWIS LHARLIEU BERINA YING THE Made and the Harling it I 16 100 THE CENTRAL OF THE PUBLICANT Eller Liber (Chr. Eller (Chr. . W. Translie 30. Transling, No. Edmin E. Berg. 1.7. I Come to the tolk plant to come the support of Life M. Your Co. San Coloniage C. P. C. Sie van Britain Co.

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 10964 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY Anne Arundel by the land 2 sideath. MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) þ Crownsyl I de neerest town) lyear.1 m.13d. Baltimore ed in L ges 1 Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE 010 ON A FARM? Crownsville State Hospital 1025 W Rice Street YES NO W 3. NAME OF Middle Month DECEASED OF James DEATH (Type or print) Geront 1961 10 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR last birthday) Months Days Hours WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work physician 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? remove BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) unknown Virginia USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please .⊑ attending Lucinda Gue and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Then 16. SOCIAL SECURITY NO. I 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service) moval unknown Hospital Records unknown the 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH g physicia signed by PART I. DEATH WAS CAUSED BY: Ruptured aneurysm of aorta, syphilitic IMMEDIATE CAUSE (e) 2 days DUE TO been Conditions, if any, which gave rise to immediate cause DUE TO (e), stating the underlying has the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY certificate CERTIFICATION PERFORMED? as 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) for After 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, ' 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Day, Yeer Not While fectory, street, office bldg., etc.) While Hour a.m. et work et work p.m. may be retain DIRECTOR: 1%]...., and that death occured #2.20 Marirom the causes and on the date stated above. saw the deceased alive on.]. (). 22b. DATE 22a. SIGNATURE ATTENDING SIGNED DIRECTOR 1 PHYS. PHYS. 10/16/61 FUNERAL 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) L. Benedict. M. D. Crownsville State Hospital, Maryland director, LOCATION Key/town or county) 23c NAME OF GEMETERY OR CREMATORY (State) 23e. BURIAL, CREMATION, 23b. REMOVAL (Specify) 0 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

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co. Creby filled in by the funeral papers. Pages 1 and 2 should fin 72 hours after death. PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after DECINERAL DIRECTOR: After this certificate has been signed by the attending physician and condirector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, whin

VR A1S (4) 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 10965

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE	(Where deceased lived, If b. COUN		ce before edmission)		
ANNE ARUNDEL	MA RYLA NO	ANNE AF	RUNDEL				
 b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) 	c. LENGTH OF STAY IN 16		utside corporate limits, write	e RURAL end give r	neerest town)		
d. NAME OF HOSPITAL OR INSTITUTION (if not in h	ospital, give street address)	EDGEWATER d. STREET ADDRESS			e. IS RESIDENCE		
	/s		1/		ON A FARM?		
U.S.NAVAL HOSPITAL, ANNAPO	DLIS, MARYLAND	R.B.D. #2, BO			YES NO		
(Type or print)	sham COURSEN.	Last 4.	OF DEATHOCTOBER	20 Doy	19 6¶		
S. SEX 6. COLOR OR RACE 7. MARI	NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.		
MALE CAUC WIDOV	VED DIVORCED 2	2-1-1887	74 yrs.	Months Days	Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County &	& State, or foreign country)	12. CITIZEN O	F WHAT COUNTRY		
	S. ARMY	Scranton, Per	nnsylvania	UNITED	STATES		
Rehecca Rarnard CICCEI							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 (Yes, no, or unkown) (Ifyesgivewerordelesofservice)	(Yes, no, or unkown) (Ifyesgivewerordetesofservice)						
YES WW	Nell	Oren COURSEN	, Edgewater	, Marylan	ERVAL BETWEEN		
PART I. DEATH WAS CAUSED BY:	20 01 1 -	m x A			ISET AND DEATH		
IMMEDIATE CAUSE (e)	Welleph 7	Metastoreo	*				
154X DUE TO	7	NO.	1		10 - 4		
Conditions, if ony, which (b) Caroware nec Rectum 15 more					10 Month		
gave rise to immediate cause (e), stating the underlying DUE TO							
cause last. (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING AUGUST							
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.)							
OR CONTRIBUTING CAUSE OF DEATH							
20c. TIME OF INJURY Month, Dey, Yeer Hour e.m. 20d. INJURY OCCURRED State (State) And While Not							
21. I coetify that (I) (this hospital) attended the deceased from 17 OCTOBER, 1961, to 20 OCT., 1961., that (I) (we) last							
20 OCTOBED to 61							
saw the deceased alive on 20 OCTOBER 19.61., and that death occured at 1.00% from the causes and on the date stated above.							
220. STAFF 20 OCTOBER 1 SIGNED PHYS. DIRECTOR PHYS. 20 OCTOBER 1 SIGNED							
A Ashis Me a M. D. PHYS. DIRECTOR PHYS.							
22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS					
H. H. DINSMORE	, CDR MC USN	U. S. NAVAL	HOSPITAL, AN	INAPOLIS,	MA RYLA ND		
238. BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY	Cemetery 2	Balten	wn or county)	Ma		
24 PUNERAL DIRECTOR'S SIGNATURE	ADDRESS	256 REC'D		GISTRAR'S SIGNAT			
Jaku M. Taylor Son	Demagala	Ma DATE		Coursey 3. 70	rau4		

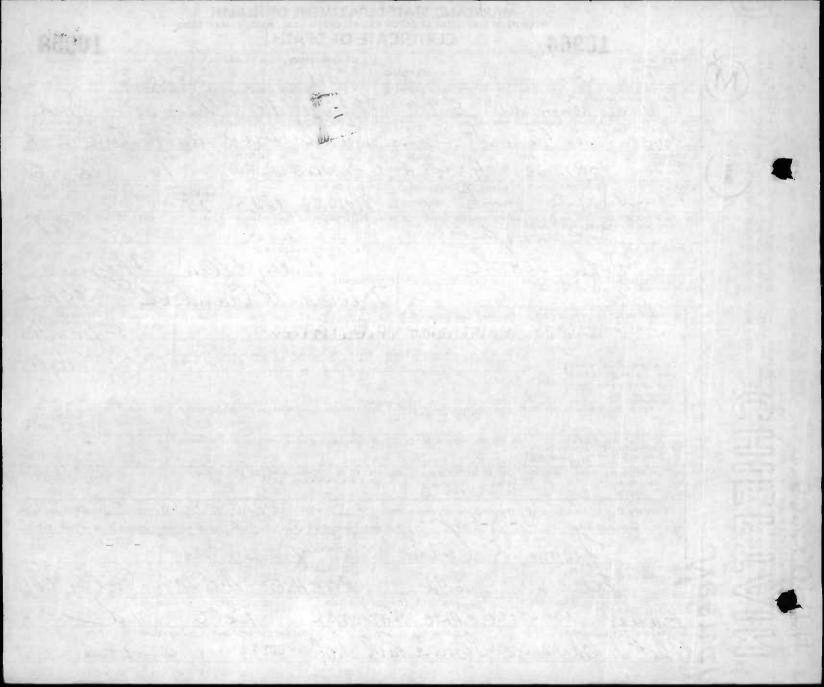
instance researcy Appearis, instance as a. n. or. con real of error of the same THERE DIRECTED STONE , ~ = ` - ^ , . . . manipulation and all the second and the second and A MATERIAL PROPERTY OF THE PARTY OF THE PART To the officers, get no use the stant western, Authorite, Murayana the second of th - plan Magder and leave plant All I settle of the set

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filted in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave corban papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 haurs after death. haurs after death. Page FAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within reboined by the haspital at attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

	DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND							
	10966 CERTIFICATE OF DEATH	2						
1.	1. PLACE OF DEATH o. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission on STATE b. COUNTY b.	on)						
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital give street addisess) d. NAME OF HOSPITAL (If not in hospital give street addisess) e. IS RESID	DENCE						
	Swan Drive Cape St. Clave Divan Drive Cape St. Clave ves							
3.	3. NAME OF DECEASED (Type or print) BRIDGET ANGELA CRANDELL OF DEATH 10 16 19	9 61						
5.	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months Days Hours Funder WIDOWED DIVORCED 100 months Days Hours 100 months Days 100 months 100 mon	Min.						
	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHATCO	DUNTRY?						
	13. FATHER'S NAME John Clarke 14. MOTHER'S MAIDEN NAME Hoggin	0						
15	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dales of service) (16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give wor or dales of service) (Address Company) (If yes, give wor or dales of service) (Address Company) (If yes, give wor or dales of service) (If yes, give wor or dal	re						
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BET ONSET AND [WEEN						
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Un tricular Fubrulation 5- 10 min	we						
	443X DUE TO Hypertensive Arteriosclerotic Heart Disease							
	Conditions, if ony, which (b)	413						
	gove rise to immediate couse (a), stating the under-lying couse lost. DUE TO (c)							
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO							
CERT	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)							
MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o. m. p. m. 19 20d. INJURY OCCURRED While Not while of work of wo	(Stote)						
	21. I certify that (I) (this haspital) attended the deceased fram. July 24 1959, ta October, 19 6] that (I) (we saw the deceased align an 10-19-619) and that death accurred at 50, from the causes and an the date stated							
	220. SIGNATURE 7 7 62 22b.	DATE SIGNED						
	22c. PHYSICIAN'S FRANCIS T CORD RITEHIE HISWAY SEVERWAY	R.M.						
L	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY, OR CREMATORY 23d. LOCATION (City town, or county) (Stole))						
24	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS PARCED - SULLINA Park, MAS. DATE OCT 1 9'61 CIVILLY S. KILLING							



CERTIFICATE OF DEATH

e IS RESIDENCE

ON A FARM?

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INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? YES NO T

(State)

22b. DATE SIGNED

MANLE

(County)

director, iled with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) RURAL and give nearest town) NNApohis d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS OR INSTITUTION RCHWOOD ANOR 4. DATE OF DEATH NAME OF Middle First Manth DECEASED (Type or print) E IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years P S. SEX lost birthday) Months WIDOWED DIVORCED [OCCUPATION (Give kind of work done 10) KIND OF BUSINESSI OR INDUSTRY that working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? dod and 72 14. MOTHER'S MAIDEN NAME 2 EARS with ave 17. INFORMANT 16. SOCIAL SECURITY NO. Address attending 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO Conditions, if ony, which (b) agve rise to immediate DUE TO cause (a), stating the under lying couse last PART II. OTHER SIGNIFICANT CONDITIONS/CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port II of item 18.) SD 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Haur o. m While Nat while of work at work 21. I certify that (1) (this haspital) attended the deceased fram detached saw the deceased alive an and that death occurred at ____M, from the causes and on the date stated above. DIRECTOR: 22a. SIGNATUR ATTENDING MED. STAFF PHYS. M.D. PHYS. 22c. PHYSICIAN'S 22d, ADDRESS shauld NAME (Type) FUNER DATE THEREOF 23a, BURIAL, CREMATION. 23b. 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) BUR 0 24 FUNDRAL DIRECTOR'S SIGNATURE 250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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10968 CERTIFICATE OF DEATH Reg. Dist. No. director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) ARUNDEL MARYLAND a. COUNTY b. COUNTY MOHTGOMER) funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) å RURAL and give nearest town URINIE 4 years NG To pinous d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? HOWARD 1308 YES NO NAME OF DECEASED CUTHBERTSON (Type or print) 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours DIVORCED T WIDOWED M 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? IRELAND 1+ BUSEWIFE 13. FATHER'S NAME THOMAS SHAW (dec) VANCE (dec EL12. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 99 MRS HARRIETTE. HARTING - SAME ADPRESS 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? HUNE YES T NO THE 200. ACCIDENT WAS UNDERWING ()
OR CONTRIBUTING () CAUSE OF DEATH
(IF EITHER, NOTEY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, Doy, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) foctory street, office bldg., etc.) ot work at work 21. I certify that I attended the deceased fram. 1.2. 1961, that I last saw the deceased __, and that death accurred at 9 PAM, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL ITCHE HWY GLEN BURNIE, MD. AMU ZAK PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. 224 NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jown, or county) (Stote) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE 26. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arthur S. Kraus DATE OCT 6

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH

	10060		CERTIFICAT	E OF DEAT	III.		111061
. PLACE OF DEA •. COUNTY	ne Arundel		MARYLAND	e. STATE	NCE (Where deceased live b.	COUNTY	Arundel
b. CITY OR TOWN	V (if outside corporate lim	nits, c.	LENGTH OF STAY IN 16		(If outside corporate limits		
Breeklyn		/if not in hospital	13 yrs.	Brookly	n Park		. IS RESIDENCE
U. NAME OF HOS	SFITAL OK INSTITUTION	(if not in nospite)	, give street eddress)				ON A FARM?
107 15	oth Ave.			107 15t			YES NO V
. NAME OF DECEASED	Firs	t .	Middle	Last	4. DATE OF	Month	Day Yeer
(Type or print)	Jeanette				DEATH OC	t. 25.	1961
. SEX	6. COLOR OR RACI	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In last birth	years IF UNDER 1 Y	
Female	White	WIDOWED	DIVORCED	Oct. 17, 19		yrs. Months D	eys Hours Min.
one during most of	ATION (Give kind of working life, evan if retir	k 10b. KIND	OF BUSINESS OR INDUST		unty & State, or foreign co	intry) 12. CITIZ	EN OF WHAT COUNTRY?
Heusewif		ea)		No mel on d		71	
3. FATHER'S NAME				Maryland	N NAME		I. S.
W - 1 -	. h. 16 1 1			A			
5. WAS DECEASED	ty Macieju	RCESS 16 SOC	CIAL SECURITY NO. 17.	Anna Sze		ddress	
Yes, no, or unkown)	(If yes give wer or detes of		ine seconi i no. I/.			201033	
N.				John Farrew	Same		
	F DEATH [Enter only on	e ceuse per line f	or (a), (b), end (c).]				ONSET AND DEATH
PARI I. DE.	ATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)	He	patic Metast	ases		3 menths
145.0	DUE TO						0 4911/119
Conditions, if e	1:15		Campmana	Compinant	- A M 47		35 -43
gave rise to imm	ediata ceuse		Squamous	Carcinema	el Tensil		15 menths
(a), steting the	underlying DUE TO						
ceuse lest.) (c						
PART II. OTI	HER SIGNIFICANT COND	ITIONS CONTRIB	UTING TO DEATH BUT N	OT RELATED TO THE TERM	MINAL DISEASE CONDITIO	N GIVEN IN PART 1	1(e) 19. WAS AUTOPSY PERFORMED?
							YES NO
OR CONTRIBUTION	WAS UNDERLYING AND CAUSE OF DEATH		E HOW INJURY OCCURE	D. (Enter neture of injury i	in Part I or Pert II of item 18	.)	
20c. TIME OF IN		While	Not While fe	ACE OF INJURY (Home, factory, street, office bldg., e		(Count	ty) (Stata)
-		et work	et work				
21. I certify	that (1) (this hosp	ital) attended	the deceased from	x Oct.	, 1960, to Oct	, 161	, that (I) (we) last
saw the dece	eased alive onQc	t. 19,	19.61 and the	t death occured at.	M, from the car	uses and on th	e date stated above
220. SIGNATUR		. ~ /	0	1			22b. DATE
1	Tolion &	1/110	Pera Mils	ATTENDING PHYS.	MED. STAFF	П	Oct. 28, 196
22c. PHYSICIAN	l'S			22d. ADDRESS			VCV. 20, 13
NAME (Ty	PO) ROBERT	V DEV	1TO, M.D.	To hoo	W 1 t TT		
J	ATION LOSS DATE THE	20101	NAME OF STREET		Hepkins Hes		(Stete)
REMOVAL (Speci	ATION, 23b. DATE THE	23	c. NAME OF CEMETERY	OK CKEMATOKT			
Burial	Oct. 30	, 1961	Hely Resary	Cemetery	German Hil		lte. Md.
14 PUNERAL DIRECT	OR'S SIGNATURE		ADDRESS	25a. R	NOV 6 6	REGISTRAR'S SI	CHATURE
Mlone	Donce	_ 4001	Ritchie Hwy.	(25) DATE	MOV 6 '61		
George J.	Gencs						
gearge o.	MARTICE						

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FOR STATE delay is necessary,

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10970 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

HEALTH DEPT.	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission)
子 書 。	o. county Anne Arundel Maryland	* STATE Maryland b. COUNTY Anne Arundel
File Head	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
के व दे व	write RURAL end give nearest lown) Gibson Island 25 yrs.+	Gibbon Island X
dir.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS e. IS RESIDENCE
Bo Bo		Broadwater Way YES NOTA
de inecine	Broadwater Way 3. NAME OF First Middle	Last 4, DATE Month Day Year
de Sa	DECEASED	isher DEATH 16th October 1961
- 5 2 - E	Elizabeth brown	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
d d d	II Female White	last birthday) Months I Days Hours Min
Para Para Para Para Para Para Para Para	10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRI	6th Feb. 1886 75 yrs. 12. CITIZEN OF WHAT COUNTRY?
s aff	done during most of working life, even if retired)	
ges Pa Pa Iin	Housework Own Home	Brooklyn, New York U.S.A.
MA3 MA3 With	13. PATREK S NAME	14. MOTHER'S MAIDEN NAME
ile P	George R. Brown	Helena Russ
for for eve	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (Ifyesgivewerordelesofservice)	
ith my my	No /////// none Mi	s. Nathalie B. Wight, Shelderon Hghts, N. Y
in P v	18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
exe il ii il ii i i i	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Arterioscleroti	c Heart Disease, Terminal immediate
Dence a self	420.0 DUE TO	
in pin pin pin pin pin pin pin pin pin p	Conditions, if any, which (b)	
s a l	gave rise to immediate cause (e), steting the underlying DUE TO	
rate indiii ine d as or	couse lest. (c)	
s certification of the second	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
be be mat	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 208. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED. (CAUSE OF DEATH.	YES NO THE
Thi	200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED.	Enter nature of injury in Pert I or Pert It of item 18.)
She shot is in it.		
hief hief bur		CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
A W A W A A A A A A A A A A A A A A A A	Hour a.m. While Not While st work at work	ory, street, office bldg., etc.)
cate, cate, of the OR:	21. I certify that I took charge of the remains described above, he	old an Autopsy . Inspection . Inquiry . and in my opinion
想第三首 。	death resulted from: Natural causes . Accident . Suic	
DICA e certi ardec agent	A TOTAL COURSE TO THE COURSE OF THE COURSE O	CHIEF MEDICAL EXAMINER
de dolla	SIGNATURE Bustave Afaubentet	ASSISTANT MEDICAL EXAMINER TO PATE SIGNED
M. P. S.	SIGNATURE CONTROL OF FAUNCE FOR	DEPUTY MEDICAL EXAMINER A
d b d b d b d b d b d b d b d b d b d b	EXAMINER'S & US TAVE-H. FAV BIERT - M.	
P P P	228. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	Addrass (Street, city, town, or county) R CREMATORY 22d, LOCATION (City, town, or country) (Stete)
DO TO Y	Cremation 19th Oct. '61 Loudon Park	Baltimore, Maryland
6 g 4 6 g	23. FUNERAL DIRECTOR ADDRESS	24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE
VS. A15ME	R.V. Singleton Glen Burnie,	
5M 9/60		DATE GOT TO THE TOTAL TO

ison i sing and the mrate med SELVER, SELVER Roberts Add The Service of the Servi Ham Home of the Court of the Co AND THE RESERVE OF THE PARTY OF N.M. special of the contract o of single of the state of the s Crument of Line ago, 161 Rousen Herk ONE PROPERTY HER PROPERTY VALUE OF THE PARTY R.V. Singleton alem Jurois, id. ... or internit .V.A

FOR STATE please execute the cartificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to my funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriel-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removel, and in any event within 72 hours after death. y delay is necessary,

UTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death.

TO VS. A15ME 5M 7/59

V

MARYLAND STATE DEPARTMENT OF HEALTH of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10971 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1096: 10963

PLACE OF DEATH COUNTY		2. USUAL RESIDENCE o. STATE	E (Where deceased lived, If b. COUN	institution: Residence before edmission)
Anne Arundel	MARYLAND			
b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF	outside corporete limits, writ	timore City e RURAL and give nearest town)
Crownsville	1 mp. 3 weks.	Baltin	nore	3001-4
d. NAME OF HOSPITAL OR INSTITUTION (if not in	hospitel, give street eddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Crownsville State	a Hospital	26 N	Manlan Chuad	YES NO
3. NAME OF Crownsville State	Middle	Last	Morley Street	h Dey Yeer
(Type or print) Elsie	Mae	Flannagan	DEATH 10	2 1961
S. SEX 6. COLOR OR RACE 7. MAI		DATE OF BIRTH	- Contract of the Contract of	IF UNDER 1 YEAR IF UNDER 24 HRS.
	WED DIVORCED	5-30-28	lest birthdey) 3 2 yrs.	Months Deys Hours Min.
15.08	. KIND OF BUSINESS OR INDUSTRY	/ /		1 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)				
Cook		Maryland		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
Jermiah Murdick		Bessie R	obinson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (Ifyesgive weror detes of service)	16. SOCIAL SECURITY NO. 17. II	VFORMANT	Address	
No	Unknown	Hospital Re	corde	
18. CAUSE OF DEATH [Enter only one cause p		HOUDT OUT THE	COLUB	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY	entume of the emi	mal aslumu		ONSET AND DEATH
	acture of the spi	nat cotmun M	1th compressi	on of 10 weeks
	spinal cord.			
Conditions, If eny, which (b)				
geve rise to Immediate cause (e), stating the underlying DUE TO				
cause lest. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	RELATED TO THE TERMIN	AL DISEASE CONDITION GIV	VEN IN PART 1(a) 19. WAS AUTOPSY
Cachexia with bed s	ores			PERFORMED?
20e. EXTERNAL CAUSE WAS 20b. DES	SCRIBE HOW INJURY OCCURED. (E	nter neture of Injury in Pert	I or Pert II of item 18.)	7
PART II. OTHER SIGNIFICANT CONDITIONS OF CACHEXIA WITH bed SERVICE OF CONTRIBUTING CONTRIBUTIONS CAUSE OF DEATH.				
20c. TIME OF INJURY Month, Day, Year 20	d. INJURY OCCURRED 200, PLACE	E OF INJURY (Home, ferm,	20f. (City or town)	(County) (State)
Hour e.m. W		ry, street, office bldg., etc.)		
	work et work			
21. I certify that took charge of the		d an Autopsy,	nspection 🛂, Inqui	,
death resulted from: Natural causes	Agaident L. Suici	de 🔲, Homicide [, Undetermined m	nanner
	*	CHIEF MEDICAL EX	KAMINER	
SIGNATURE SUULUL		_M.D. ASSISTANT MEDIC	CAL EXAMINER	DATE SIGNED
EKAMINER'S	11 4	DEPUTY MEDICAL	EXAMINER	1-1-11
NAME (Type) E. LIN	MARCH.	Address (Street, ci	ty, town, or county)	10/3/61
22e. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, town	n, or country) (State)
0 1 10-1-61	arbutus	new. PR	ARBUTUS	, M_O.
23. FUNERAL DIRECTOR	ADDRESS	Bo 1 240. REC'I	D BY REGISTRAR 246. REG	n 1.1
Charles A. Rica 6611	11. BATTO ST.	mas DAPCT	9 '61 and	hur S. Flrance

- MTARG AGGTAGE FRED DESIGNAL AND REAL TO THE the state of the state of the case of the Informal entitle Growneylla . . misw E .on I affirement Commercial Scate Hospital ... 16 1. Morriag Street Mele Tamasen 10 Fentle Herro Canalah Marticle abrecoal faithmost menolate Trecture of the spines column with compression of to suctous Prop Lenigra ont wes weeres had dain shootes Very to the year as minuster sales

24 haurs after death: Page 4 In by the funeral director, and 2 should be filed with D FUNCTIAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fill page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs ofter death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

VS A15 (4) 1SM 10/S7

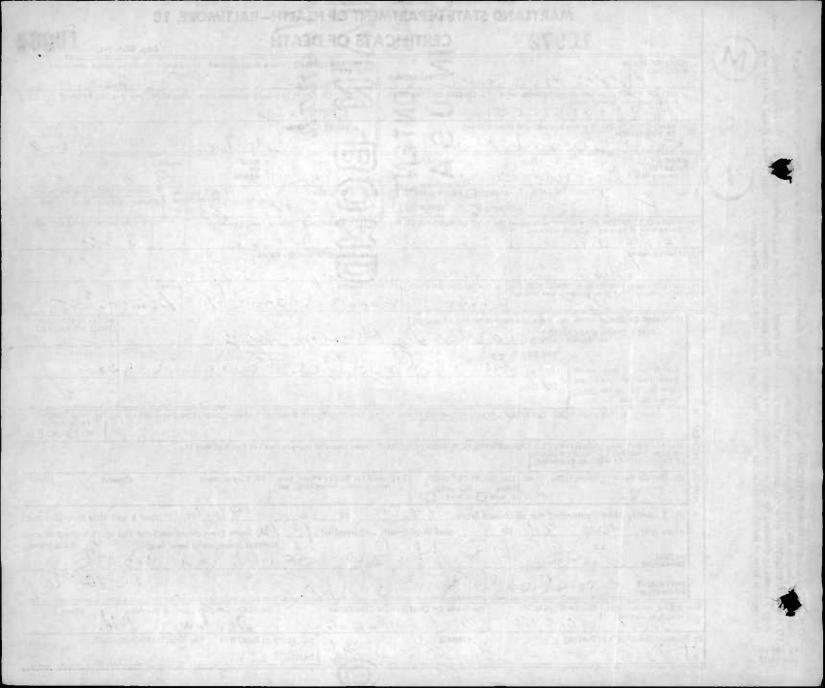
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10972

CERTIFICATE OF DEATH

Reg. Dist. No.

1	Ē1	1	1	я
1	U	J	6	4

1, PLACE OF DEATH o. COUNTY	USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
HUME Avandel MARYLAND	Mariand Property
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR JOWN (If outside corporate limits, write RURAL and give nearest town)
MILLEYSVILLE	1 Pasadera
d. NAME OF HOSPITAL (If not in hospital, give street address) , OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Knowl mood Mayor	105 Maple Ave YES NO
3. NAME OF DECEASED First Middle	Lost 4. DATE Month Day Year
(Type or print) Cuma daraly F	Lowers DEATH 10-9-6/ 19
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1/YEAR IF UNDER 24 HI) 10 Months Days Hours Min
WIDOWED DIVORCED	NOUS, 1811 83 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	USTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUN
House wife Own Home	Delewate 4.5.4
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William J. Richard	Mary E- S166/8
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no. or unknown) (Mr. yes, give wor or dates of service)	INFORMANT Address
None 1	Frank C. Gunderley Same As 42
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Hemos hop. ONSET AND DEATH
231V DUE TO 20	0 00
Conditions, if any, which) (b) Several	- ed atteratelling
gave rise to immediate couse (a), stating the under DUE TO	8
lying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED?
CAI	YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURR OR CONTRIBUTING CAUSE OF DEATH	RED. (Enter nature of injury in Part 1 or Part II of item 18.)
OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stoloctory, street, office bldg., etc.)
Hour a. m. p. m. 19 While Not while at work of work	Select, since biog., etc.)
21. I certify that I attended the deceased from 195	6 , 19 , ta 0/ 176 , 19 , that I last saw the decea
alive an 10-1-01, 19, and that deat	1.370.
(D. NO) 11	ADDRESS (Street, city or town, state) DATE SIG
SIGNATURE OF THE TOTAL TOTAL SIGNATURE	an Develue Park
00001	0
PHYSICIAN'S NAME (Type) OPEN TO THE PHYSICIAN'S NAME (Type)	own.
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify) 120ct 1961 Denton	Cemeters Denton Md.
23. FUNERAL DIRECTOR'S SIGNATURE	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
T. V. Dingleon then Burn	DATEOCT 13'61 Cialling 8 to



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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1097.3	F-1- C700 33	10/63 ======		TO	303
PLACE OF DEATH	FILM UOUU II,	Z. USUAL RESIDEN	CE (Where deceased lived, If	institution: Rasidanca	before edmissign
Anne Arundel	MARYLAND	. SIATE Maryland	b. coul	NTY	/
b. CITY OR TOWN (if outside corporate limits.	c. LENGTH OF STAY IN 1b		If outside corporate limits, writ	te RURAL end give nea	erast town)
writa RURAL and giva nearast town)	0 30	Dolladmone	77	21	01
Glen Burnie d. NAME OF HOSPITAL OR INSTITUTION (if not in ho	9 days	d. STREET ADDRESS	17	2 V	e. IS RESIDENCE
a. NAME OF HOSPITAL OR INSTITUTION (IF HOF IN HO	ospital, give straet eddrass)				ON A FARM
Plaza Manor Nursing Home		616 N. Fu	Iton Avenue		YES NO
NAME OF First DECEASED	Middle	Last	4. DATE Mont	th Day	Yaer
(Type or printy & Eva Floyd			DEATH Octo	ber 31.	19 61
SEX 6. COLOR OR RACE 7. MARRI	IED NEVER MARRIED 8.	DATE OF BIRTH			F UNDER 24 HRS
Female Colored WIDOW		3-13-1897	last birthday) 64 yrs.	Months Days	Hours Min.
	KIND OF BUSINESS OR INDUSTRY			1 12. CITIZEN OF	WHAT COUNTE
fona during most of working lifa, avan if ratirad)					
Unknown 3. FATHER'S NAME		Arkansas 14. MOTHER'S MAIDEN	NIA ME	U.S.	A.
			IAMILE		
John Parker		Mollie ?			
5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 fas, no, or unkown) (Ifyas giva war or datas of service)	S. SOCIAL SECURITY NO. 17. 17	NFORMANT	Addras	15	
	428-01-2191 Mr	s. Holloman	Balto.D.P.W. 1	Exten-26h	
18. CAUSE OF DEATH [Enter only one causa per	ina for (a), (b), and (c).)				VAL BETWEEN
DATE DESTRUCTED BY		ana anith assu		ONSE	T AND DEATH
		ase with cor	onary insuffic	ONSE	
DARK DEATH WAS CALISED BY		ase with cor	onary insuffi	ONSE	T AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Card DUE TO Conditions, if any, which		ase with cor	onary insuffic	ONSE	T AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Card DUE TO Conditions, if any, which gave rise to immediate cause		ase with cor	onary insuffic	ONSE	T AND DEATH
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Card DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying DUE TO		ase with cor	onary insuffic	ONSE	T AND DEATH
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Card Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. County of the cause (b) DUE TO (c)	iovascular dise			ciency 1	956
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Card Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. County of the cause (b) DUE TO (c)	iovascular dise			ciency 1	MAS AUTOPS
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Card Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. County of the cause (b) DUE TO (c)	iovascular dise	T RELATED TO THE TERMI	nal disease condition gi	ciency 1	MAS AUTOPS
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Card Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO (c)	iovascular dise	T RELATED TO THE TERMI	nal disease condition gi	ciency 1	MAS AUTOPS
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CO. 20e. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMII	NAL DISEASE CONDITION GI Part I or Part II of itam 18.)	VEN IN PART 1(a) 19.	WAS AUTOPS PERFORMED?
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PART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Card DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ONTRIBUTING TO DEATH BUT NO ESCRIBE HOW INJURY OCCURED. INJURY OCCURED INDURY OC	T RELATED TO THE TERMII CEntar nature of injury in	NAL DISEASE CONDITION GI Part I or Part II of itam 18.) n, ; 20f. (City or town)	VEN IN PART 1(a) 19.	WAS AUTOPS PERFORMED?
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year Hour e.m. 19	ESCRIBE HOW INJURY OCCURED. I. INJURY OCCURRED I. NOI While ork of work of work of work of the set work of t	T RELATED TO THE TERMI (Enter nature of injury in CE OF INJURY (Home, forn ory, street, office bldg., atc	Part I or Part II of itam 18.) n, 20f. (City or town)	VEN IN PART I(e) 19. (County)	WAS AUTOPS PERFORMED?
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gard DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CO 20s. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year Hour e.m. p.m. 19 at wo	ONTRIBUTING TO DEATH BUT NO ESCRIBE HOW INJURY OCCURED. INJURY OCCURED 20%. PLA facts ork of work of work.	T RELATED TO THE TERMII (Entar nature of injury in CE OF INJURY (Home, farn ory, street, office bldg., atc.)	Part I or Part II of itam 18.) n, 20f. (City or town) 19p, to 10-31	VEN IN PART 1(e) 19. (County) (County)	WAS AUTOPS PERFORMED? S NO ** (State)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gard DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year Hour e.m. p.m. 19 21. I certify that (I) (this hospital) after saw the deceased alive on October	ONTRIBUTING TO DEATH BUT NO ESCRIBE HOW INJURY OCCURED. INJURY OCCURED 20%. PLA facts ork of work of work.	T RELATED TO THE TERMII (Entar nature of injury in CE OF INJURY (Home, farn ory, street, office bldg., atc.)	Part I or Part II of itam 18.) n, 20f. (City or town)	VEN IN PART 1(e) 19. (County) (County)	WAS AUTOPS PERFORMED? (State) at (I) (***) I as stated above.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gard DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CO 20e. ACCIDENT WAS UNDERLYING CONDITIONS CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year Hour e.m. p.m. 19 at we at the capital of the capital atternation at the capital atternation.	ESCRIBE HOW INJURY OCCURED. INJURY OCCURRED 200. PLA-factor of work 100 miles of work 100 miles 19 61 miles	T RELATED TO THE TERMII (Enter nature of injury in CE OF INJURY (Home, farnory, street, office bldg., atc.) 10-23-1961 death occured at.1	Part I or Part II of itam 18.) 7. 20f. (City or town) 19, to 10-31 2M, from the causes	VEN IN PART 1(e) 19. (County) (County) 19.61, that	WAS AUTOPS' PERFORMED? (State) at (I) (we) Is a stated above 22b. DATE
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gard DUE TO Conditions, if any, which gave rise to immediate ceuse (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CO 20a. ACCIDENT WAS UNDERLYING 20b. DE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer Whour e.m. 19 atternal atternal saw the deceased alive on October 22a. SIGNATURE	ONTRIBUTING TO DEATH BUT NO ESCRIBE HOW INJURY OCCURED. INJURY OCCURED 20%. PLA facts ork of work of work.	T RELATED TO THE TERM! (Entar nature of injury in CE OF INJURY (Home, farmory, street, office bldg., atc.) death occured at. ATTENDING PHYS.	Part I or Part II of itam 18.) n, 20f. (City or town) 190, to 10-31	VEN IN PART 1(e) 19. (County) (County)	WAS AUTOPS PERFORMED? (State) at (I) () a stated about 22b. DATE
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gard DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CO 208. ACCIDENT WAS UNDERLYING CONDITIONS CO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year Hour e.m. p.m. 19 at w. 20d White saw the deceased alive on October 22a. XIGNATURE	ESCRIBE HOW INJURY OCCURED. INJURY OCCURRED 200. PLA facts ork et work etwork 28 19 61, and that	T RELATED TO THE TERM! CE OF INJURY (Home, farmory, street, office bldg., atc 10-23-1961, death occured at ATTENDING PHYS. E. 122d. ADDRESS	Part I or Part II of itam 18.) 7. 20f. (City or town) 19p, to 10-31 2.M, from the causes MED. STAFF DIRECTOR PHYS.	VEN IN PART 1(e) 19. (County) (County) 19.61, that and on the date	WAS AUTOPS' PERFORMED? S NO ** (State) at (I) (**) I. a stated above 22b. DATE 1,1961
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1. PLACE OF DEATH O. COUNTY Anne Arundel b. CITY OR TOWN (if autside carporate limits, write RURAL and give nearest tawn) Annapolis d. NAME OF HOSPITAL (if not in hospital, give street address) Anne Arundel General Hospital 3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 2. USUAL RESIDENCE (Where deceased lived. If institutions o. STATE Maryland 6. COUNTY Annapolis 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years Iff	Anne Arundel RAL ond give nearest town) e. IS RESIDENCE ON A FARM YES NO
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) Annapolis d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Anne Arundel General Hospital 3. NAME OF BECEASED (Type or print) S. SEX 6. COLOR OR RACE WIDOWED DIVORCED 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)	e. IS RESIDENCE ON A FARM YES NOT Day Year 8 1961
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ISAAC Gray IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address	"Annapolis, Md.
No (If yes, give wor or dates of service) None Estelle Franklin Lane-6 Collo	ge Crk. Terrace
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alive on 6 1, 1961, and that death occurred at 14 1, from the causes and	
ACTUAL SIGNATURE R. R. R. Chardson M.D. [[A Clay Street City or town, stored Signature R. R. L. Richardson 110 Clay Street Annapoli	DATE SIGNE

220. BURIAL, CREMATION, REMOVAL (Specify)

Burial

10-11-61

23. FUNERAL DIRECTOR'S SIGNATURE

C.E.HICKS

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ANNA POLIS - MARYLAND

Brewer Hill

22c. NAME OF CEMETERY OR CREMATORY

Annapalis, Md.

DATOCT 1 3 '61

22d. LOCATION (City, tawn, or caunty)

24b. REGISTRAR'S SIGNATURE

(Stote)

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MARYLA	ND STATE DEPARTM		-BALTIMORE, 18	
10075	CERTIFIC	ATE OF DEATH	iwk Re	g. Dist. No. 111965
1. PLACE OF DEATH ANNE aru	adle MARYLAND	2. USUAL RESIDENCE (Where o. STATE	deceased lived. If institution: I b. COUNTY	Residence before admission)
b. CITY OR TOWN (If outside corporate limits, v BURAL and give represt town)	write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outs	ide comporate limits, write RURA	L and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION Oak Tro	street oddress)	d. STREET ADDRESS	Grone Rd	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Chas Middle	Galli 4	DATE Month OF DEATH ONL	19 Yeor 19 196
no / 1.1	MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Can 6 188	lost birthdoy) Me	UNDER 1 YEAR IF UNDER 24 HI onths Doys Hours Min
On USUAL OCCUPATION (Give kind of work done during most of working life, even it retired) William is fully a few of the land	10b. KIND OF BUSINESS OR INDU	SWE'T 2 Care	foreign country)	12. CITIZEN OF WHAT COUN
3. FATHER'S NAME Galle		14. MOTHER'S MAIDEN NAM Ermalinda	unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes. no. or unknown) (If yes, give wor or dates of service		Rellian Sa	lle Doss	- Same
PART I. DEATH Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stoting the under- lying couse lost. (c)	per line for (o), (b), and (c).	olos		INTERVAL BETWEEN ONSET AND DEATH
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OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
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21. I certify that I attended the de alive on 0/19/4 (ACTUAL SIGNATURE Chas. L. B.	77	1960, to/0/1000 to/0/130 P) n occurred of 2:30 P) ADD M.D. 203 W. Ma		
PHYSICIAN'S Charles L. Bal	1, 51.	Linthic	und	md_
220. BURIAL, CREMATION, 22b. DATE THEREOF SEMOVAL (Specify)	22c. NAME OF CEMETERY CO	PR CREMATORY 22	d. LOGATION (City, town, or co	unty) (Stote)
17 Kdingtoon	6/en Burnie	Md DATE OCT		of S. Kinua

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
10976

ACE OF DEATH

D. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest lown) Hanover, RFD d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital), give street address) Race Road, Box - 100 A. Dorsey J. NAME OF HOSPITAL OR INSTITUTION (If not in hospital), give street address) Race Road, Box - 100 A. Dorsey J. NAME OF HOSPITAL OR INSTITUTION (If not in hospital), give street address) Race Road, Box - 100 A. Dorsey J. NAME OF HOSPITAL OR INSTITUTION (If not in hospital), give street address) Race Road, Box - 100 A. Dorsey J. NAME OF HOSPITAL OR INSTITUTION (If not in hospital), give street address) Race Road, Box - 100 A. Dorsey YES MONTH ON A FAR YES MONTH FOR A FAR YES MONTH ON A FAR YES MONTH ON A FAR YES MONTH FOR A FAR YES MONTH ON A FAR YES MONTH ON A FAR YES MONTH FOR A FAR YES MONTH ON A FAR YES MONTH FOR A FAR YES MONTH FOR A FAR YES MONTH ON A FAR YES MONTH FOR A FAR YES MONTH	d'affact d'astattar	Märyland	b_ COUNT	TY O	
Write RURAL and give messes flown) ### Annover, RFD A. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)					
Race Road, Box - 100 A. Dorsey Respectively Respective	write RURAL and give neerest town)		×	KUKAL end giva	nearest town;
Race Road, Box - 100 A. Dorsey Race Road, Box - 100 A. Dorsey Ves Mooth Dec SASED (First Middle Last 4. DATE DECEASED (Figor Print) SOLOIE SAREY DATE OF DECEASED (Figor Print) SOLOIE SOLOIE SOLOIE SOLOIE SOLOIE SOLOIE SOLOIE SOLOIE SOLOIOR RACE 7. MARRIED WIDOWED DIVORCED DIVORCED NOV. 17, 1891 9. AGE (in yeers if UNDER 1YEAR IF UNDER 24 HI soloin birthday) Mooths Devy Veer Porath Discussed in yeers if UNDER 1YEAR IF UNDER 24 HI Mooths Devy Nov. 17, 1891 9. AGE (in yeers if UNDER 1YEAR IF UNDER 24 HI Mooths Devy Mooths Porath Mooth Devy Nov. 17, 1891 9. AGE (in yeers if UNDER 1YEAR IF UNDER 24 HI Mooths Devy Hours Mid Mooths Porath Mooth Devy Nov. 17, 1891 9. AGE (in yeers if UNDER 1YEAR IF UNDER 24 HI Mooths Devy Mooths Mooth Devy Nov. Mooths Mooth Devy Nov. 17, 1891 18. BIRTHPLACE (County & Stele, or foreign country) 12. CHIZEN OF WHAT COUNT U.S. A. 14. MOTHER'S MAIDEN NAME U.S. A. 14. MOTHER'S MAIDEN NAME U.S. A. 15. WAS DECEASED EYER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yeer rich was CAUSED BY NOTE AND DEATH (Enter only one cause per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY DUE TO Conditions, if en, w, which (e) DUE TO Conditions, if en, w, which (b) DUE TO CONDITIONS DUE TO CONDITIONS DUE TO CONDITIONS DOE TO CONDITIONS					e. IS RESIDENCE
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DUE TO Conditions, if eny, which geve risa to immadiate cause (a), steting the underlying ceusa lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOP PERFORMED YES NO PERFORMED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer While et work at work 19 w	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RESON ATORY	ARREST		ON	ISET AND DEATH
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PERFORMED YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year While of work of the work of	(a), sletting the underlying	eft brea	5+-	T	LYRS -
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20c. TIME OF INJURY Month, Dey, Year While Not While et work 19 19 19 20c. PLACE OF INJURY (Home, ferm, 20f. (City or town) (Stete factory, straet, office bldg., etc.) 21. I certify that (I) (this hospital) attended the deceased from 19.6., and that death occured at 23. M, from the causes and on the date stated above.					PERFORMED?
20c. TIME OF INJURY Month, Dey, Year While Not While et work 19 19 19 20c. PLACE OF INJURY (Home, ferm, p.m. 19 20c. PLACE OF INJURY (Home, ferm, factory, street, office bldg., etc.) 20f. (City or town) (Stete bldg., etc.) 20f. (City or town) (St	TO A COLDENY WAS UNDERLYING TO 1 201 DESCRIBE HOW INHING OCCURED	/Enter entere of lainer to f	last Las Bast II of Stom 19)		AES NO TA
21. I certify that (I) (this hospital) attended the deceased from 12.9		(Enter halure of injury in t	erit or Pariti of Hem 16.)		
21. I certify that (I) (this hospital) attended the deceased from 12.9	20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED 2De. PLA			(County)	(Stete)
21. I certify that (I) (this hospital) attended the deceased from 12.9	Hour e.m. While Not While	iry, straet, office blug., etc.			
saw the deceased alive on		11-7.9	1058 10 10-7	10 61	hat (I) (we) lac
1 226 DA	21. I certify that (I) (this hospital) attended the deceased from	doubt assured at?		and on me de	22b. DATE
M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on	death occured at 2			
122c. PHYSICIAN'S NAME (Type) PETER YON B. Thorpe, MD 409 Culumbia Rd, Ellicott City	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on	ATTENDING PHYS.	NED STAFF		
	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on	ATTENDING	NED STAFF	Ellicot	
	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on	ATTENDING PHYS. 22d. ADDRESS 10 109 Culua	AED. STAFF PHYS. [Ellico7	SIGNED
	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on	ATTENDING DE PHYS. 22d. ADDRESS HOG Culua R CREMATORY	NECTOR DAYS. DAYS. DAYS. DAYS. DAYS. DAYS. DAYS. DAYS. DAYS. DOWN City, town		SIGNED (State)
Richard V. Singtelon, Hen Burnig My DATE OCT 13'61 Outling 8 is	21. I certify that (I) (this hospital) attended the deceased from	ATTENDING PHYS. 22d. ADDRESS HOG Colum CR CREMATORY Cemetery	NECTOR STAFF PHYS. D	ty	SIGNED (State) Md.
Michard 1. Dingtelon, Denvicenty 19 DATE UCI 13'67 arthur & thous	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on	ATTENDING PHYS. 22d, ADDRESS HOG Colum CR CREMATORY Cemetery 5a. REC	ABJUST ARE CITY OF BY REGISTRAR 25b. REG	ty SISTRAR'S SIGNA	SIGNED (SIÉTE) Md. TURE

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Bortal House, 1961 London Park Lunevery Saltimore City

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

Chillan S. Flines

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	10977		CERTI	FICA	TE OF DEATH			Reg. Di	st. No.	1	1969
1. PLACE OF DEATH 6. COUNLY Anne	Arundel		MARY	LAND	2. USUAL RESIDENCE (Whe	ere decease	d lived. If institution b. COMNIX				ion)
b. CITY OR TOWN RURAL and give	(If outside carporate lim	its, write	c. LENGTH OF STAY 36 hrs	IN 1b	c. CITY OR TOWN (If or Fort Geor			URAL and	give near	rest tawn)
OR INSTITUTION	ugh Army Ho				d. STREET ADDRESS Quarters	#7330	-B Kelly	Loop			IDENCE FAPM? NO X
3. NAME OF DECEASED (Type or print)	DENISE	rst	Middle T		GILMORE	4. DATE OF DEATH	October	th 2	27 Doy		^{Year} 61
5. SEX Female	6. COLOR OR RACE Negro	7. MARR	NEVER MARRI		14 July 1960		9. AGE (In years last birthday) yrs.	IF UNDER Manths	Doys	Haurs	R 24 HRS. Min.
10o. USUAL OCCUPAT during most of wo	ION (Give kind of work irking life, even if retired	done 10b.	KIND OF BUSINESS O	R INDUS	TRY 11. BIRTHPLACE (State of Maryland	ar fareign c	auntry)		JSA	F WHAT	COUNTRY?
13. FATHER'S NAME Donald	1 F.	Gilmo:	re		Towarner		on				
15. WAS DECEASED EV (Yes, no. or unknown)	(ER IN U. S. ARMED FO) (If yes, give war or dates of		SOCIAL SECURITY NO		ther:Quarter:	s #73:	Add 30-B Kell		op F	t Ge	o G
	EATH [Enter only one of ATH WAS CAUSED BY: IMMEDIATE CAUSE (Dial							ONSI ONSI	T AND	TWEEN DEATH
Canditions, if a gave rise to cause (a), stating lying cause last.	the under-	Dia	betes mell:	itus					36	hr:	S
-			ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERMIN	NAL DISEAS	E CONDITION GIV	EN IN PAR	RT 1(a) 15	PERFO	AUTOPSY PRMED?
20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF	/AS UNDERLYING [] G [] CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED	. (Enter nature of injury in P	ort I or Par	t II af item 18.)				
20c. TIME OF INJU Hour o. m. p. m.		ar 20d. It While of work	NJURY OCCURRED Nat while of work	20e. PLA foc	CE OF INJURY (Hame, form, lary, street, affice bldg., etc.)	20f. (Cit)	or town)	(Caunty)		(State)
	tuart &		61, and that	deoth HC,	Kimbrough	_M, from	n the couses of treet, city or town,	nd on t state)		e stote	
270 - SUPPAT CREMATU SEMOVAL (Specify 272 FUNERAL DIRECTOR	1 10/29	J61	22c. NAME OF CEMI	ETERY OF	CREMATORY - Juneral Home	330	TION (City town, of	bus	Cor L	(State	in m

may sloined by the haspital or attending physician.

D FUNAVAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 the registrar prior to burial, cremation, ar removal, and in any event within 72 hours ofter death. TO FUN

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MARYLAND	STATE DEP	ARTMENT	OF HEAL	TH
TISTICAL DESEADON AN	D PECOPOS	201 W DDEST	ON STREET	T DA

DIVISION OF STATISTICAL I	RESEARCH AND RECORDS, 301 W. PRESTON STREET, I	BALTIMORE 1, MARYLAND
10978	CERTIFICATE OF DEATH	10970

		PLACE OF DEATH	2, USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. STATE b. COUNTY					
		Anne Arundel MARYLAND	Maryland Dueen Anne's					
		b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b			e RURAL and give neerest town)			
		write RURAL end give nearest town) Crownsville 2 mos. 1 wk.	Centery:	ille				
A	-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS		. IS RESIDENCE			
		Crownsville State Hospital	Rural Ro		ON A FARM? YES X NO			
		NAME OF First Middle DECEASED	Last	4. DATE Mont				
		(Type or print) Laura	Gould	DEATH 10	31 1961			
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	B. DATE OF BIRTH	9. AGE (In years lest birthdey)				
	F	Temale Negro WIDOWED DIVORCED	1887	74 yrs.	Months Days Hours Min.			
	10a	. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (Cou	nty & State, or foreign country	12. CITIZEN OF WHAT COUNTRY?			
	doi	unknown Unknown Unknown	Maryland	d	U.S.A.			
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN					
I		Unknown	1475.004	Unknown				
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 18. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	INFORMANT	Address	5			
	(10	no Unknown	Hospital Reco	ords				
		18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]			INTERVAL BETWEEN			
		PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (6) Congestive Heart	Failure		ONSET AND DEATH			
		DUE TO		Markata 1980 19				
		Arteriosclerotic	Cardiovascu	lar Disease				
		gave rise to immediate cause						
		(e), steting the underlying DUE TO						
1	7	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	INAL DISEASE CONDITION GIV	VEN IN PART 1(e) 19. WAS AUTOPSY			
X	CATION				PERFORMED? YES NO			
	CERTIFIC	2De. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Db. DESCRIBE HOW INJURY OCCURED). (Enter neture of injury in	Pert I or Pert II of item 18.)				
	AL	20c. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURRED 2De. PLA	ACE OF INJURY (Home, fer	rm, 2Df. (City or town)	(County) (State)			
	MEDICAL	Hour a.m. p.m. 19 - While Not While factorik arwork	tory, street, office bldg., et	c.)				
		21. I certify that (1) (this hospital) attended the deceased from.	8/25/	19.61 to 10/31	, 1961, that (I) (we) last			
			death occured and	P.M. from the causes	and on the date stated above.			
		22a. SIGNATULE			22b, DATE			
		Visual 11 (1) Was 11 19	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	11/1/61 SIGNED			
	-	22c. PHYSICHAN'S	22d. ADDRESS					
		NAME (Type Lionel Mchenry M. D.	Crownsvil	le State Hospi	tal, Maryland			
	23a	BURIAL, CREMATION, 23). DATE THEREOF 23c, NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, to	wn or county) (State)			
		BANA 14/6/ Souldtown	- Cenetery	Loudator	on, Maryland			
	24	FUNERAL DIRECTOR'S SIGNATURE		EC'D BY REGISTRAR 25b. RE				
	1	jumes 15 yearles Easte	mid DATE	NOV 3 '61 C	Irling S. Thomas			
	1-1							

MARYLAND STATE DEPARTMENT OF HEALTH 10979

e. IS RESIDENCE ON A FARM? YES NOTE

> PERFORMED? YES NO

> > (Stote)

Day Yeor 1961

IF UNDER 1 YEAR IF UNDER 24 HRS. Months Hours

12. CITIZEN OF WHAT COUNTRY? USA

Reg. Dist. No

Address

INTERVAL BETWEEN ONSET AND DEATH

(County) (Stote)

19 6 hat I last saw the deceased and that death occurred at 4:35 M from the causes and an the date stated above.

DATE SIGNED ADDRESS (Street, city or town, stote)

Geo G.

22d. LOCATION (City, Jown, or county)

24b. REGISTRAR'S-SIGNATURE

arthur & Kraus

15M 9/5B

The state of the s Tall total a seek · / . Dorothy bean Hotelania the particular that there is not the same of the same and the trace of the field of the con-The Barton of the Control of the Con The place is the driver of the first transfer of the property MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

10980

CERTIFICATE OF DEATH

10978

1-		
	PLACE OF DEATH •. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission)
	Anne Arundel County MARYLAND	o. STATE b. COUNTY Maryland Anne Arundel
1	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Λ	write RURAL and give neerest town)	V modeleteran our
J	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	English Consul
	d. NAME OF HOSPITAL OR INSTITUTION (IT not in nospite), give street eddress)	ON A FARM?
	3239 Magnolia Avenue	3239 Magnolia Avenue YES NO
V	3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer
	(Type or print) Alonzo	Grein Sr: DEATH October 27 1961
L	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. Isst birthdey) Months Deys Hours Min.
ı	Male White WIDOWED DIVORCED S	ept. 20, 1896 65 yrs. Months Devs Min.
l		11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
L	Electrician Western Electric	
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	William Grein	Unknown
ŀ	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	INFORMANT Address
ı	(Yes, no, or unkown) (Ifyesgivewarordetesofservice)	. Madge A. Grein-3239 Magnolia Avenue -Englis
ŀ		Consul Interval Between
ı	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY:	A ONSET AND DEATH
ı	IMMEDIATE CAUSE (6) Coronary Chr	ambons, acute, recurrent Sudden
ı	1420.1 DUE TO 0. 1.	
1	Conditions, if eny, which) (b) Contemporation !	appertensive CVD yrs
1	geve rise to immediate couse	
1	(e), steting the underlying DUE TO	
1	Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY
	O PARI II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DESTIT BUT NO.	PERFORMED?
ı		YES NO
I	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 2D0. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH), (Enter neture of injury in Pert I or Pert II of Item 18.)
ı	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
ł	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete)
I	nour e.m.	tory, street, office bldg., etc.)
ı		10. P St 074. 32. //
ı	21. I certify that (I) (this hospital) attended the deceased from.	April 1953, to October 27, 196/., that (1) (we) last
1	saw the deceased alive, on Oct 18 1961, and that	death occured a
I	220 SIGNATURE /	ATTENDING MED STAFF
1	The Let Tracker	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D
1	22/ PHYSICIAN'S	22d, ADDRESS
1	HAME TYPOUT / CUICKOS, MP	2436 Which was ton Blued by themare - & Hal
1	THE WAY A PROPERTY OF THE PARTY	OR CREMATORY 23d. LOCATION (City, town or county) (Siete)
	23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or county) (Stote)
1	Burial 10-31-61 Glen Haven Ce	emetery Glen Burnie, Maryland
4	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	11m - 4 Suckness of Sorras Roots 17	MA DANGET 31 '61 Circlus S. Thomas
	Will I down the followill	
6		

118202 The state of the s and the distriction is the singular resource. note the case of the second as the state of the second

dea Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

15M 7/61

within 24 hours after

TIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exe

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10981 CERTIFICATE OF DEATH 10973

a. COUNTY			a. STATE	VCE (Where dece	b. COUNT		ce before edmission)
Anne Ar		MARYLANI	1.4	and		Arundel	
b. CITY OR TOWN ((if outside corporate limits, d give nearest town)	c. LENGTH OF STAY IN 1	b c. CITY OR TOWN	(If outside corpore	ete limits, write	RURAL end give	nearest town)
Annapoli		1 da	Pasad	ena, Mar	vland		
d. NAME OF HOSPI	TAL OR INSTITUTION (if n	ot in hospital, give street eddress)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
Anne Ari	undel General	Hospital	Rt. 5	Box 202	Magoth	y Beach	YES NO
3. NAME OF	First	Middle	Last	4. DATE	Month	Day	Yeer
(Type or print)	John	4	Usanor	OF DEATH	Oct	ober 28	19 61
5. SEX		MARRIED NEVER MARRIED	Hagner 8. DATE OF BIRTH	19.		F UNDER 1 YEAR	
Male		MDOWED DIVORCED	11/28/07			Months Days	Hours Min.
10a. USUAL OCCUPAT	TION (Give kind of work orking life, eyen if refired)	106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Cou	inty & Stete, or fo	reign country)	12. CITIZEN C	F WHAT COUNTRY?
The ofone	mechanic	Komon Co.	- Ind			•	C 4
13. FATHER'S NAME	the state of the s	mar co	14. MOTHER'S MAIDEN	1 NAME	~ P	16	
Tol	a Hage	er	Sophis	à T	oke)	
15. WAS ECEASED EV	ER IN U.S. ARMED FORCE	16. SOCIAL SECURITY NO. 17	INFORMAN .	7.	Address		-land
-			Mars. Telle	an P.	Was	znez	A COPPERC
		use per line for (e), (b), and (c).]			7	I IN	TERVAL BETWEEN
PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	DOA.			0	01	SET AND DEATH
1446X	DUE TO	11					
Conditions, if an	y, which) (b)	Habrilin	4 -24			1-	y1.
geve rise to immed	liete cause			The State of			
(a), steting the u	inderlying (c)	hattuline	dist le	·dans			1
Z PART II. OTHE	R SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CO	ONDITION GIVE	N IN PART 1(e)	19. WAS AUTOPSY
OH							YES NO 1
E 200. ACCIDENT W	AS UNDERLYING 2	Db. DESCRIBE HOW INJURY OCCU	RED. (Enter neture of injury in	Pert I or Pert II o	f item 1B.)		113 11 110 12
OR CONTRIBUTING	MEDICAL EXAMINER)						
20c. TIME OF INJU	URY Month, Day, Year		PLACE OF INJURY (Home, fai		or town)	(County)	(Stete)
Hour e.m.	19	While Not While	factory, street, office bldg., et	G.)			
		attended the deceased fro	m Din	19.6 (to.	2 15	8- 10 E/	that (I) (we) last
	sed alive on 10	19, and the	V	17.75	the causes =		
22e. SIGNATURE	360 81146 019	4	isi dealli occured ala.	,	1110 600303 6	ind on the di	22b. DATE
1 In	endmse	whla	M.D. ATTENDING	MED. DIRECTOR	STAFF PHYS.		10.28 SIGNED
22c. PHYSICIAN'S NAME (Type		///	22d. ADDRESS		c 0.	0 1	/
NAME (Type	Frank M.	Shipley, M.D.	- Chine 6	runde	(Jes	2 /	op
	ION, 236. DATE THEREC	F 23c. NAME OF CEMETER	RY OR CREMATORY	23d. LOCAT	ION City, tow	o county)	(Stete)
Buria Specify	10/3/16	1 Alen Har	en Com	Ret	hee k	fairy	and,
2 FUNERAL DIRECTO	SIGNATURE A	ADDDESS /	25a. RE	C'D BY REGISTR	AR 25b. REG	STRAR'S SIGNA	TURE
Goly L	nuray sters	The 12-10lle	DATE DATE	ET 8 8 161	(
The same	nev-re-fire	er var			Seil	un S. Kray	*

7. 5 Shirt I have and the world of the second of the second of the

301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RE MEDICAL EXAMINER'S CERTIFICATE OF DEATH DR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) e. COUNTY b. COUNTY a. STATE Page files. Health, Morth Anne Arundel MARYLAND Maryland Anne Arundel b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b runeral director. write RURAL and give nearest town) for your Ö Annapolis Md.

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) Pasadena 0 d. STREET ADDRESS e. IS RESIDENCE Boar ON A FARM? tained Sandy Point Bark YES NO State - Box 91 death 3. NAME OF First Middle 4. DATE Month Day Yeer DECEASED OF will the de 3 to the DEATH (Type or print) 19 JAMES 67 HIGHSMITH 10pe 6. COLOR OR RACE 7. MARRIED K NEVER MARRIED AGE (In yeers | IF UNDER 1 YEAR 5. SEX 8. DATE OF BIRTH IF UNDER 24 HRS. last birthday) urs Months Days in pencil in Item 18. Give Pages 1, 2, and Office along with form PM3. Page 5 may burial-transit permit. File pages 1 and 2 worl, and in any event within 74 frours. Male White WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Pitt Co., N. Carolina Conductor (ret. B.&. O. R. R. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME within 24 (Unknown) Highsmith (Unknown) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unknown) | (If yes give were redetes of service) Mrs. Agusta Highsmith unknown Sama As #2 certificate should be executed 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN Medical Examiner's Office along should be used as a burial-transit is should be used as a burial-transit in the same of the sa ONSET AND DEATH Arteriosclerotic cardiovascular disease PART I. DEATH WAS CAUSED BY: removal, and IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which geve rise to immediate cause "pending" DUE TO (e), stetling the underlying cause lest. cremation, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 1 19. WAS AUTOPSY CERTIFICATION PERFORMED? execute the certificate, writing the word YES NO -MEDICAL EXAMINER: This 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. burial, forwarded to the Chief L DIRECTOR: Page 3 MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ' 20f. (City or town) (Stete) Month, Day, Yeer (County) fectory, street, office bldg., etc.) While Not While 0 Hour a.m. et work | et work prior 21. I certify that I took charge of the remains described above, held an Autopsy 🔀 Inspection Inquiry and in my opinion Suicide Undetermined manner Natural causes Aecident Homicide death resulted from: CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER X DATE SIGNED should be for FUNERAL I SIGNATURE 10-14-61 DEPUTY MEDICAL EXAMINER EXAMINER'S Howard G. Shaub, M.D. NAME (Type) Address (Street, city, town, or county) 22a, BURIAL, CREMATION. | 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) Q 4 0 Burial 17b0ct. '61 Glen Haven Mem. Park Glen Surnie. In 240. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. PONERAL DIRECTOR, Glen Burnie, Md. DATE OCT 1 9 '61 VS. AISME arthur S. Kraus SM 9/60

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 10000

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e. COUNTY	ТН		2. USUAL RESIDER		b. COUNTY			edmission
I	Anne Arundel	MARYLAND	Mary.	land		Balt	imore	1
	N (if outside corporete limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corpore	te limits, write R	URAL end g	ive neerest to	wn)
Crownsvi	and give neerest town)	1 mo. 4 days	Baltimo	re	3	101	-4	70.
	SPITAL OR INSTITUTION (if not in		d. STREET ADDRESS	S				RESIDENCE A FARM
Crownsvi	ille State Hospi	tal	2757 The	e Alameda	1			NO K
NAME OF DECEASED	First	Middle	Last	4. DATE	Month		Dey Ye	
(Type or print)	Mary		Holliday	DEATH	10		4 19	61
. SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED 18	DATE OF BIRTH		AGE (In yeers II		AR IF UND	ER 24 HRS
Female	Marmo	OWED DIVORCED	Unknown	70		Months De	ys Hours	Min.
Da. USUAL OCCUP		b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cou	unty & Stete, or for	eign country)	12. CITIZE	N OF WHAT	COUNTR
Domest	working life, even if retired)		Unknow	wn		U.S	S.A.	
3. FATHER'S NAMI			14. MOTHER'S MAIDEN	NAME				
	Unknown				Unkno	wn		
S. WAS DECEASED	EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. I	NFORMANT		Address			
no	(, ovg. to the over one of alco)	Unknown	Hospital Red	cords				
IB. CAUSE O	F DEATH [Enter only one cause	per line for (e), (b), end (c).]				1	INTERVAL B	
MPART I. DE	ATH WAS CAUSED BY:	ongestive Heart H	eru Fres				ONSET AND	DEATH
Conditions, if a geve rise to imm (e), steting the cause lest.	nediate ceuse	yphilitic Cardio-	-vascular Di	Leese				
		CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	VINAL DISEASE CO	NDITION GIVEN	IN PART 1	e) 19. WAS	AUTOPSY
		osclerosis					YES T	ORMED?
OR CONTRIBUTI	WAS UNDERLYING 20b. NG CAUSE OF DEATH IFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURED	(Enter neture of injury in	n Pert I or Pert II o	item 18.)			
20c. TIME OF II	m.		CE OF INJURY (Home, fe pry, street, office bldg., e		r town)	(Count)	')	(Stete)
		ttended the deceased from	8/30	19.61, to	10/4	, 196	L, that (1)	(we) la
saw the dec	eased alive on 10/	4 19 61 and that	death occured at.	p.M, from	he causes a	nd on the	date stat	ed abov
220. SIGNATUR	and Heard	Reim_ "	ATTENDING	MED. DIRECTOR	STAFF PHYS.	10/5/	2:	SIGN
22c. PHYSICIAN NAME (1)		rd Reissmann, M.	D. Crownsvi	lle Stat	e Hospi	tal, M	arylar	nd
3e. BURIAL, CREM REMOVAL (Spec	ATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCAT	Bolt	or county)	Car	(Stete)
4 FUNERAL DIRECT	TOR'S SIGNATURE	ADDRESS	M.D 25e, R	EC'D BY REGISTRA	R 25b. REGIS	STRAR'S SIG	NATURE	77
4.524	DER & SONS	TNC BALTIN	MORE DATE O	CT 9 '61	and	Lun S. H	aus	•
V- JHIV.	DEX TONY	1/1/1. 12/72/1/1	- IUNE DAIL			100		

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 111076

	HI YX4					10010
1. PLACE OF DEA			CTATE		lived, If institution: Reb. COUNTY	esidence before admission
	Anne Arundel	MARYLAND	Mar Mar	yland	Son	merset
write RURAL	N (if outside corporete limits, end give nearest town)	5 yrs.		(If outside corporete lim	its, write RURAL end	give nearest town)
Crowns		2 mos. 2 da.		Station		
	SPITAL OR INSTITUTION (if not in he		d. STREET ADDRES	S	1011	e. IS RESIDENC
	ville State Hospi				' /X	YES X NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Dey Yeer
(Type or print)	Carrie	Roates	Horsey	DEATH		20 1961
5. SEX	6. COLOR OR RACE 7. MARR	IED NEVER MARRIED 8.	DATE OF SIRTH	9. AGE (YEAR IF UNDER 24 HRS
Female	Negro widow	/ED X DIVORCED M	arch 26, 18		yrs.	yays Hours Min.
done during most of	ATION (Give kind of work working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Co	unty & State, or foreign	country) 12. CITIZ	ZEN OF WHAT COUNTR
	c - Cook -		Maryland		U	.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDE	N NAME		
	Noah Roates		Lau	ra Hall		
15. WAS DECEASED	EVER IN U.S. ARMED FORCES? 16	S. SOCIAL SECURITY NO. 17. I	NFORMANT		Address	
No	(If yes give war or detes of service)	3/19/6	Но	spital Reco	rds	
18. CAUSE OF	F DEATH [Enter only one ceuse per	line for (a), (b), end (c).]				INTERVAL SETWEEN
PART I. DE	ATH WAS CAUSED BY:	pticemia				OHOLI AND DEATH
70	IMMEDIATE CAUSE (e)					
	DUE TO	- 1 11 227				100000000000000000000000000000000000000
Conditions, if e	(D)	cubitus Ulcers				
(a), steting the	DILLETO					
ceuse lest.	diddifying (c)					
PART II. OT	HER SIGNIFICANT CONDITIONS CO	DITRIBUTING TO DEATH BUT NO	T RELATED TO THE TERA	MINAL DISEASE CONDIT	ION GIVEN IN PART	1(e) 19. WAS AUTOPSY PERFORMED?
Ĭ.	hypertensive Card	iovascular Rena	l Disease			YES NO
OR CONTRIBUTION	WAS UNDERLYING 20b. DI NG CAUSE OF DEATH IFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURED.	(Enter neture of injury i	n Pert I or Part II of item	18.)	Ř.
ZOc. TIME OF IN	NJURY Month, Dey, Yeer 20d		CE OF INJURY (Home, fe		n) (Cour	nty) (Stete)
20c. TIME OF IN Hour e.n	/	ile Not While factor	ory, street, offica bldg., e	(ic.)		
	11/		8/18	1056 10]	0/20 10 (61, that (I) (we) la
	that (I) (this hospital) atternated alive on 10/20	19.61 and that	death occured at.			
22a. SIGNATION	insell 1/4/1	13/4	ATTENDING	MED. STA		/20/61 22b. DATE SIGNE
22c. PHYSICAN	(no) make 1	11/2	22d. ADDRESS	22 04 4 11		
	Lionel McHenry			lle State H		
REMOVAL (Spec		Lefense	OR CREMATORY	Make	(City, town or county	Som,
24 FUNERAL DIRECT	OR'S SIGNATURE	ADDRESS &	25a. R	EC'D BY REGISTRAR	56. REGISTRAR'S S	IGNATURE
tota de	akes the House	& brosins	Ma DATE	OCT 2 5 '61	Lindhun &	Kroua
, True	vas I VVUI	a function				

The Part of the Pa Crosseville Smot S do. mothest somet Designed atask will-summers. Carries lostes loresty x 200 25, 1886 75 York - 6 thempe Septioesia Precing Decorate of the laterer temperative Dandievascular Panel Disease Chick the late of Manyland School Stone Stone Stone State State State Harriand 92 8 20128 Kelenge Merit many Exerce to level praises MA ... TO HO TITLE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compressly filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event writing 72 hours after death VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 11077

1. PLACE OF DEAT	,0000			ENCE (Where dece		on: Residence before edmission)
	Arundel	MARYLAND	a. STATE	rland	Anne Ar	nndel
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16				end give neerest town)
	d give neerest town)	76	V T			
Riva	TAL OR INICIPIENT IN	l6 yrs.		liva		
	TAL OR INSTITUTION (if not in	hospital, give street eddress)	d. STREET ADDR	ESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Dey Year
(Type or print)	JOHN F	HORTON		DEATH	OCTOBER	15 19 61
5. SEX	6. COLOR OR RACE 7. MAI		DATE OF BIRTH	9. 4		ER 1 YEAR IF UNDER 24 HRS.
Male			20			s Deys Hours Min.
	1111200	. KIND OF BUSINESS OR INDUSTR	anuary 30,		88 yrs.	CITIZEN OF WILLT COUNTRY
dona during most of wo	orking life, even if retired)	S. KIND OF BUSINESS OR INDUSTR	II. BIRIMPLACE (C	County & State, or for	eign country) 12.	CITIZEN OF WHAT COUNTRY
Ret. Farmer	r (Owner) I	airy Farm	Vilas.	N.C.		USA
3. FATHER'S NAME			14. MOTHER'S MAIL			
James	W. Horton		Manur S	Council		
5. WAS DECEASED EV	ER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. I	NFORMANT	Council	Address	
Yes, no, or unkown) (I	If yes give wer or dates of service)					Manager Land
no	no	none Mrs	Susan B.	Horton- W	ife - Same	as # 2
	DEATH [Enter only one couse p		-	110		ONSET AND DEATH
PARI I. DEAI	H WAS CAUSED BY: IMMEDIATE CAUSE (a)	sless Sclero	is -	VI)		
422.1	DUE TO					
Conditions, if any	DI	en arter	RAVOS m	eis		
geva rise to Immedi	iate cause	· Collect	100-0	,,,		
(a), steting the u	inderlying DUE TO					4 33 3 3 3
cause lest.) (c)					
PART II. OTHER	R SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TEL	RMINAL DISEASE CO	NDITION GIVEN IN P	ART 1(a) 19. WAS AUTOPSY PERFORMED?
	lyneri	realis p	rostal	ills		YES NO K
PART II. OTHER 200. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING 2Db. CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURED.	(Enter neture of injury	in Pert I or Part II of	item 18.)	100
20c. TIME OF INJU Hour a.m.			CE OF INJURY (Home, ory, street, office bldg.,		r town) (County) (State)
p.m.		work et work				
	hat (I) (this hospital) att	ended the deceased from	9-22	10 5-210	10-11-	10 / that (1) (wa) lac
saw the deceas	sed alive on	13 19 61, and that	death occured at	M. from t	he causes and o	n the date stated above
22e. SIGNATURE	- 1 0		1		110 000303 0110 0	22b. DATE
2	dette 12	folle M.		MED. DIRECTOR	STAFF PHYS.	SIGNED
22c. PHYSICIAN'S			22d. ADDRESS			
KAME (17P)	r. Edith Rodle	r	45 Fra	nklin Str	et. Anna	polis, Md.
	ON, 23b. DATE THEREOF	23c. NAME OF CEMETERY			ON (City, town or co	
REMOVAL (Specify)						
Burial	October 18,1	961 Davidsonvil	le Methodi	st Davids	onville, N	
EHNERAL DIRECTOR	110-17 1 CA		3		R 255. REGISTRAR	
Hopping Fu	neral Home / Li	nnapolis, Marylan	DATE	CT 1 9 '61	arthur &	there

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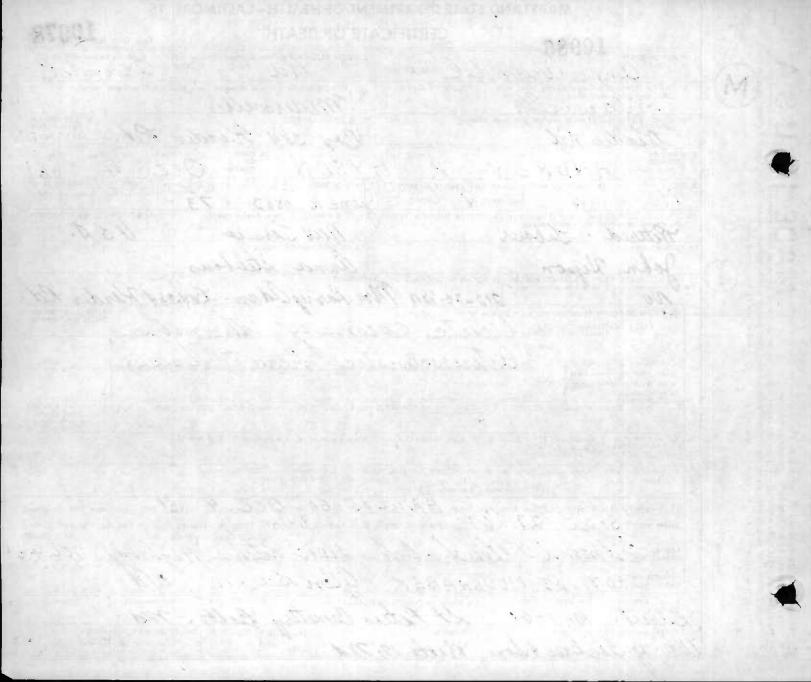
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Octoor 18,1961 Ravids hathorist Estimoniile, Marvista orin wherst ope innarolis, arvlend MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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FOR STATE HEALTH DEPT TO. FULY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Toy delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. AISME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

10379

	7000						
_	1. PLACE OF DEATH 1 U J O		2. USUAL RESIDE	NCE (Where dec	easad lived, If in	stitution: Reside	ence befora edmission)
	Anne Arundel	MARYLAND	a. STATE Same		b. COUNT		
V	b. CITY OR TOWN (if outside corporate limits.	c. LENGTH OF STAY IN 16	c. CITY OR TOWN		rate limits write		ame
	write RURAL and giva nearest town)	0.00	_		ioto amina, wanto	KOKAL and giv	a neerest town;
	Glen Burnie	Over 30 y.	Same				
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in ho	spitel, give street address)	d. STREET ADDRESS				IS RESIDENCE ON A FARM?
1	609 Greenway S.E.		Same				YES NO
	3. NAME OF First	Middla	Last	4. DATE	Month	Da	
	(Type or print) Alfred Kostner			OF DEATH	0 1 1	(12	10 (-
	E 001	D D MENTER MARKET DIL 8	DATE OF BIRTH	10	AGE (In yeers II	er 6th.	19 61 RI IF UNDER 24 HRS.
Я	Z. MARKIE		. A. A	7.	1 . 1	Months Devs	Hours Min.
	M W WIDOWI	A (5/18/78		83 yrs.		1 110010
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retirad)	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stet	e or foreign coun	try)	12. CITIZEN	OF WHAT COUNTRY?
í	Retired mechanic		Germany			USA	
	13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		USA	
1							
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO 1 17	NFORMANT				
1	(Yes, no, or unkown) (Ifyes give werordatas of service)	JOCIAL SECORITY NO. 17. 1	MICHIGANI		Address		
	No N	one Mr.	Harry Kost	ner (Sor	1)		
Н	18. CAUSE OF DEATH [Entar only ona cause per	ine for (e), (b), end (c).)					TERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)	ronary Thrombos	1.0				NSET AND DEATH
	H201 DUE TO	conary Tim Onibus	3.7.9				Sudden
	Conditions, if any, which (b) Ge:	neral arterioso	lerosis			?	
	(a), stating the underlying DUE TO						
	cause last. (c)						
	PART II. OTHER SIGNIFICANT CONDITIONS CON	ITRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE CO	ONDITION GIVEN	VIN PART 1(a)	19. WAS AUTOPSY
1	THE STATE OF THE S						PERFORMED?
	20a. EXTERNAL CAUSE WAS 20b. DESCR	BE HOW INJURY OCCURED. (E	-A	at the Brade of the	46.1		YES NO Y
	PRIMARY or CONTRIBUTING CAUSE OF DEATH.	BE HOW INJOK! OCCORED. (E	uter neture of injury in Pa	FT I OF PART II OT II	em 18.)		
1			CE OF INJURY (Home, fer		or fown)	(County)	(Stete)
1	Hour e.m. While at wor	Not While facto	rry, street, office blag., et	5.7			
	21. I certify that I took charge of the rem	ains described above hel	d an Autonsy	Inspection 1	, Inquiry	X, and	in my opinion
ı	death resulted from: Natural causes X					MAL!	o in my opinion
	A A A A A A A A A A A A A A A A A A A	Accident, Suici			etermined mai	nner [
V	I To W	5 1 1	CHIEF MEDICAL	EXAMINER [
d	SIGNATURE MUSIANE	Faceberon	ASSISTANT MEE	DICAL EXAMINER	□ 10/6	6/61	DATE SIGNED
	EXAMINER'S NAME (Type) Caratage II From			L EXAMINER XX	Glen	Burnie	,Md.
	220, BURIAL, CREMATION, 22b, DATE THEREOF	ibert M.D. 22c. NAME OF CEMETERY OR		city, town, or co			
	REMOVALY (Specify)	226. NAME OF CEMETERY OR	CREMATORY	22d. LOCATIO	N (City, town, o	r country)	(State)
	remation OU / 61	Jonde 1 K	leutry	Trede	me (1.	a/sall	un Ma
	23. FUNERAL DIRECTOR	ADDRESS 1	10 P 24a. RE	C'D BY REGISTRA	R 24b. REGIST	TRAR'S SIGNAT	TURE
	Durid Grank	They Burns	MA DOCT	9 '61	Contina	& Thouse	
-			1 DAGGO E			Z. TOWN	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) a. COUNTY b. COUNTY by the and 2 seath. MARYLAND by th b. CITY OR TOWN (if outside corporate limits, writing RURAL and give peacest town) c. LENGTH OF STAY IN 1b c. CITY OR JOWN (If outside corporate limits, write RURAL end give neerest town) filled in E rs. Pages 1 a d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) ely carbon papers. 3. NAME OF DATE Middle OF DEATH DECEASED COM within (Type or print) 5. SEX 6. COLOR OR RACE AGE (In yeers IF UNDER 1 YEAR and Mhday) Months WIDOWED physician гетоме 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? State, or loreign country) done during most of working life, even it retired) please 13. FATHER'S NAME 2 attending Then 17. INFORMANT removal, (Il yes give wer ar detes of service) physician. 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end been signed by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transit DUE TO attending Conditions, if eny, which gave rise to immediate cause DUE TO (e), stating the underlying the certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY TION as 0 use 0 CERTIFICA ā 206. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm. 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc. Hour e.m. While Not While DIRECTOR: at work at work 21. I certify that (I) (this hospital) attended the deceased from... 1961, that (I) (we) last and that death occured at 50th, from the causes and on the date stated above. saw the deceased 22e. SIGNATURE ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN NAME (Type) 44 Southgate Avenue, Annapolis, Maryland Albert 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION. NAME OF CEMETERY OR CREMATORY OI 256. REGISTRAR'S SIGNATURE \$5a. REC'D BY REGISTRAR VR A15 (4) 24 FUNERAL DIRECTOR'S SIGNATUR

e. IS RESIDENCE

Year

19

ONSET AND DEATH

recoules

PERFORMED?

NO T

(Stete)

22b. DATE

(State)

SIGNED

Days

IF UNDER 24 HRS.

ON A FARM? YES NO

43000 id Southrate Avenue, duns solin: argient ir. Alment L. maengon and years of the same of the s

FOR STATE HEALTH DEPT. TO. COLTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Teach, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 fluts after death.

VS. AISME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1. PLACE OF DEAT						
e. COUNTY	TH .		2. USUAL RESIDEN			dence before edmission)
	nne Arundel	MARYLANE	a. STATE Mar	yland	o. COUNTY	/
b. CITY OR TOWN	(if outside corporate limits,	c. LENGTH OF STAY IN 1	b c. CITY OR TOWN	(If outside corporate lim	its, write RURAL and gi	ve neerest town)
	nd give neerest town)				2	1/01-4
	nnapolis	ot in hospitel, give street address)	d. STREET ADDRESS	timore		V - /
						e. IS RESIDENCE ON A FARM?
	undel General	. Hospital	150	l Edmondson	Avenue	YES NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE	Month D	ey Year
(Type or print)	MILTON		LEWIS	DEATH C	ctober	5 19 61
5. SEX	6. COLOR OR RACE 7.	MARRIEDE NEVER MARRIED	8. DATE OF SIRTH		n years IF UNDER 1 YEA	
Male		VIDOWED DIVORCED	2-12-1901	60	thdey) Months Dey	s Hours Min.
10a. USUAL OCCUPA	TION (Give kind of work	106. KIND OF BUSINESS OR INDUS				OF WHAT COUNTRY?
	vorking life, even if retired)					ISA
CHAUFFE	UK	PVT. FAMILY	YORK CO			DA
13. FATHER'S NAME			14. MOTHER'S MAIDEN			
ISHAM L	EWIS		SUE B.	LEWIS		
	VER IN U.S. ARMED FORCES		. INFORMANT		Address	
NO	(Ifyesgivewerordetasofservi	217-09-0945	Catherine	Lewis (W)	1501 Edm	ondson Av
18. CAUSE OF	DEATH Enter only one cau	use per line for (e), (b), end (c).]				INTERVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY	Multiple Traumat	in Industria.			ONSET AND DEATH
011		nortorbre ilemma	To TITUTEDA			
816	DUE TO					
	as sublab to the					
Conditions, if en						
geve rise to immed	diete ceuse			Here the second		
geve rise to immed (a), steting the	diete ceuse underlying DUE TO					
geve rise to immed (a), stelling the cause lest.	diete ceuse underlying DUE TO (c)	NS CONTRIBUTING TO DEATH SUT	NOT BELATED TO THE TERMI	NAI DISEASE CONDITI	ON CIVEN IN BART 1/-	U 10 WAS AUTORS
geve rise to immed (a), steting the cause lest.	diete ceuse underlying DUE TO (c)	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITI	ON GIVEN IN PART 1(6	19. WAS AUTOPSY PERFORMED?
geve rise to immed (a), stetling the cause lest.	diete ceuse underlying DUE TO (c)	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITI	ON GIVEN IN PART 1(e	
geve rise to immed (a), steting the cause lest.	diete ceuse underlying DUE TO (c) CER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT				PERFORMED?
geve rise to immed (a), stelling the cause lest.	diete ceuse underlying DUE TO (c) ER SIGNIFICANT CONDITION	DESCRIBE HOW INJURY OCCURED	. (Enter neture of Injury In Pe	rt I or Pert II of item 18.		PERFORMED?
geve rise to immed (a), stelling the cause lest. PART II. OTHE PART II. OTHE PRIMARY PRIMARY Or C CAUSE OF DEATH	DUE TO (c) ER SIGNIFICANT CONDITION CAUSE WAS ONTRIBUTING D	DESCRIBE HOW INJURY OCCURED	. (Enter neture of Injury In Pe	rt I or Pert II of Item 18.		YES NO
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geve rise to immed (a), stelling the cause lest. PART II. OTHE PART II. OTHE PRIMARY PRIMARY Or C CAUSE OF DEATH	DUE TO (c) ER SIGNIFICANT CONDITION CAUSE WAS ONTRIBUTING D	DESCRIBE HOW INJURY OCCURED TIVET IN SUITO-TR 204. INJURY OCCURRED 204. P	. (Enter neture of Injury In Pe 10k collision LACE OF INJURY (Home, fer	rt I or Pert II of item 18.		PERFORMED? YES NO d
PART II. OTHE 20e. EXTERNAL C PRIMARY OF DE C CAUSE OF DEATH 20c. TIME OF INJ 620 620 G. M. C.	DUE TO (c) ER SIGNIFICANT CONDITION CAUSE WAS ONTRIBUTING D URY Month, Dey, Yeer	DESCRIBE HOW INJURY OCCURED Ver in suto-tr 20d. Injury Occured While Not While	. (Enter neture of Injury In Pe 1ck collision LACE OF INJURY (Home, ferra actory, street, office bidg., etc Bay Bridge	nt I or Pert II of item 18.) (County)	PERFORMED? YES NO a
PART II. OTHE PART II. OTHE PART II. OTHE PRIMARY OF CAUSE OF DEATH 20c. TIME OF INJ 6:20 21. I certify the	DUE TO (c) ER SIGNIFICANT CONDITION CAUSE WAS ONTRIBUTING D URY Month, Dey, Yeer	DESCRIBE HOW INJURY OCCURED 20d. INJURY OCCURRED 20d. INJURY OCC	. (Enter neture of Injury In Pe 1ck collision LACE OF INJURY (Home, ferra actory, street, office bidg., etc Bay Bridge	nt I or Pert II of Item 18.) (County)	YES X NO (State)
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PART II. OTHE 20a. EXTERNAL C PRIMARY OF C CAUSE OF DEATH 20c. TIME OF INJ 6120 21. I certify t death resulted	DUE TO (c) ER SIGNIFICANT CONDITION CAUSE WAS ONTRIBUTING URY Month, Dey, Yeer 10/6 19 61 that I took charge of the	DESCRIBE HOW INJURY OCCURED 20d. INJURY OCCURRED 20d. INJURY OCC	LACE OF INJURY (Home, for Bay Bridge) held an Autopsy X, icide , the CHIEF MEDICAL	nt I or Pert II of item 18. n, 20f. (City or town Inspection,	(County) Queen	YES X NO (State) (State) Make Make Make Make Make Make Make Make
PART II. OTHE PART II. OTHE PART II. OTHE PRIMARY OF CAUSE OF DEATH 20c. TIME OF INJ 6:20 21. I certify the	DUE TO (c) ER SIGNIFICANT CONDITION CAUSE WAS ONTRIBUTING URY Month, Dey, Yeer 10/6 19 61 that I took charge of the	DESCRIBE HOW INJURY OCCURED 20d. INJURY OCCURRED 20d. INJURY OCC	LACE OF INJURY (Home, for Bay Bridge) held an Autopsy X, icide , the CHIEF MEDICAL	nt I or Pert II of Item 18. m, 20f. (City or town Inspection , Undeterm	Queen Inquiry , and manner	YES NO (State) (State) Made in my opinion DATE SIGNED
geve rise to immed (a), stelling the cause lest. PART II. OTHE PART II. OTHE PRIMARY OF CAUSE OF DEATH 20c. TIME OF INJ 6120 21. I certify the death resulted ACTUAL SIGNATURE	DUE TO (c) ER SIGNIFICANT CONDITION CAUSE WAS ONTRIBUTING D URY Month, Dey, Yeer X 10/6 19 61 from: Natural cause	DESCRIBE HOW INJURY OCCURED 20d. INJURY OCCURED 2	LACE OF INJURY (Home, ferractory, street, office bldg., etc. Bay Bridge held an Autopsy X, ticide , Homicide CHIEF MEDICAL	n or Pert II of item 18. n, 20f. (City or town) Inspection,	Queen Inquiry , and manner	YES X NO (State) (State) Make Make Make Make Make Make Make Make
geve rise to immed (a), stelling the cause lest. PART II. OTHE 20e. EXTERNAL C PRIMARY OF DEATH 20c. TIME OF INJ 6:20 21. I certify t death resulted ACTUAL	DUE TO (c) ER SIGNIFICANT CONDITION CAUSE WAS ONTRIBUTING D URY Month, Dey, Yeer X 10/6 19 61 from: Natural cause	DESCRIBE HOW INJURY OCCURED 20d. INJURY OCCURED 2	LACE OF INJURY (Home, ferractory, street, office bldg., etc. Bay Bridge held an Autopsy X, ticide , Homicide CHIEF MEDICAL M.D. ASSISTANT MEDICAL DEPUTY MEDICAL	n or Pert II of item 18. n, 20f. (City or town) Inspection,	Queen Inquiry , and manner	YES NO (State) (State) Made in my opinion DATE SIGNED
geve rise to immed (a), stelling the cause lest. PART II. OTHE 20e. EXTERNAL C PRIMARY Or C CAUSE OF DEATH 20c. TIME OF INJ 6 220 21. I certify t death resulted ACTUAL SIGNATURE EXAMINER'S NAME (Type) 22e. BURIAL, CREMATI	diete ceuse underlying DUE TO (c) ER SIGNIFICANT CONDITION CAUSE WAS ONTRIBUTING D URY Month, Dey, Yeer X 10/6 19 61 That I took charge of the from: Natural cause Charles ON, 22b. DATE THEREOF	DESCRIBE HOW INJURY OCCURED 20d. INJURY OCCURRED 20d. INJURY OCCURRED While Not While et work et wo	LACE OF INJURY (Home, for actory, street, office bldg., etc. Bay Bridge held an Autopsy X, ticide , homicide CHIEF MEDICAL M.D. ASSISTANT MEE DEPUTY MEDICAL Address (Street,	Inspection, Undetermine EXAMINER	Queen Inquiry , and manner .	YES NO (State) (State) Made in my opinion DATE SIGNED
geve rise to immed (a), stelling the cause lest. PART II. OTHE PART II. OTHE PRIMARY or C CAUSE OF DEATH 20c. TIME OF INJ 6120 21. I certify t death resulted ACTUAL SIGNATURE EXAMINEE'S NAME (Type) 22e. BURIAL, CREMATI REMOVAL (Specific	DUE TO (c) ER SIGNIFICANT CONDITION CAUSE WAS ONTRIBUTING DEPOSITION URY Month, Dey, Year 10/6 19 61 that I took charge of the from: Natural cause Charles ON, 22b. DATE THEREOF	DESCRIBE HOW INJURY OCCURED IVER IN SUITO-TR 20d. INJURY OCCURRED While Not While et work to et work he remains described above, es Accident Su S. Petty M.D. 22c. NAME OF CEMETERY	LACE OF INJURY (Home, ferractory, street, office bldg., etc. Bay Bridge held an Autopsy X, stricide , Homicide CHIEF MEDICAL M.D. ASSISTANT MEDICAL DEPUTY MEDICAL Address (Street, OR CREMATORY	Inspection , Undetermine EXAMINER LEXAMINER city, town, or county)	(County) Queen Inquiry, all ned manner	YES NO (State) (State) Main my opinion DATE SIGNED 10/6/61 (State)
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geve rise to immed (a), stelling the cause lest. PART II. OTHE PART II. OTHE PRIMARY or C CAUSE OF DEATH 20c. TIME OF INJ 6220 21. I certify t death resulted ACTUAL SIGNATURE EXAMINEE'S NAME (Type) 22e. BURIAL, CREMATI REMOVAL (Specific	DUE TO COLOR SIGNIFICANT CONDITION CAUSE WAS ONTRIBUTING DEPARTMENT ON THE PROPERTY OF THE P	DESCRIBE HOW INJURY OCCURED IVER IN SUITO-TR 20d. INJURY OCCURRED While Not While et work to et work he remains described above, es Accident Su S. Petty M.D. 22c. NAME OF CEMETERY	LACE OF INJURY (Home, ferractory, street, office bldg., etc. Bay Bridge held an Autopsy X, sicide , Homicide CHIEF MEDICAL M.D. ASSISTANT MEDICAL Address (Street, OR CREMATORY N IL PK.	Inspection , Undetermine EXAMINER , LEXAMINER , LEXAMINER , City, town, or county)	(County) Queen Inquiry, all ned manner	YES NO (State) (State) Anne Mda India my opinion DATE SIGNED 10/6/61 (State)

Laboura south ALLOE GILA 9 0 3 3 5 E failusoff ference J februar conta 2501 Statem Avenue herofol and builton obtaining a potated amicalitos nomi-oris al navigas 10/6/61

FOR STATE HEALTH DEPT. TO LAULY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. They delay is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the chief defector. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated egent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

10990 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10982

1.	PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where	deceased lived, If institution: R	esidence before edmission
	Anne Arundel	MARYLAND	o. STATE Georgia	b. COUNTY	1
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside co	rporate limits, write RURAL end	give neerest town)
1	Jessups	Flew seconds	Sylvester		
	d. NAME OF HOSPITAL OR INSTITUTION (if not in h	ospital, give street eddress)	d. STREET ADDRESS	11001	IS RESIDENCE ON A FARM?
R	oute 32			4 11 4	YES NO
3.	NAME OF First DECEASED	- Middle	Lest 4. DATE OF	Month	Dey Year
	(Type or print) Daniel L. Longs	hore	DEAT	H October 7t	h. 1961
5.	SEX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED 3	DATE OF BIRTH	9. AGE (In yeers IF UNDER 1	YEAR IF UNDER 24 HRS.
	M WIDOW	/ED DIVORCED	Oct 2, 1940	21 yrs. Months	Days Hours Min.
10a do	b. USUAL OCCUPATION (Give kind of work now during prost of working life, even if retired)	KIND OF BUSINESS OR INDUSTR	11. BIRTHPLAGE (State or foreign co	ountry) 12. CITI	ZEN OF WHAT COUNTRY
	LAbores Co	owst. Worker	Alahama		U.S.A
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	. 1.	
1)1	Rev. William G. Longshore		Rosalie 1	nartial	
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 bs, no, or unkown) (Hyesgivewarordetesofservice)	S. SOCIAL SECURITY NO. 17. I	NFORMANT	Address	
	les 1958-59-60	Fo	rt Meade Hospital		
	18. CAUSE OF DEATH [Enter only one cause per	line for (e), (b), and (c).]	ro node nospinal	•	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Fra	cture of skull			Sudden
	6 4 X DUE TO	O OUL O OL DRULL			
	Conditions, if eny, which (b)				
	gave rise to immediate cause			The state of the s	
	(a), stefing the underlying cause last. (c)				1000
Z	PART II. OTHER SIGNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART	
ΔŢ					PERFORMED?
CERTIFICATION	20a. EXTERNAL CAUSE WAS 20b. DESC	RIBE HOW INJURY OCCURED. (E	nter nature of Injury in Part I or Part II o	of item 18.)	I III III III
CER	PRIMARY or CONTRIBUTING CAUSE OF DEATH.				
ZVI		CONTROL OF MOTO	rewhie and hit a t	ty or town) (Coun	ity) (State)
MEDICAL	Hour s.m. 70/7/67 19 Whi		ry, street, office bldg., etc.)		
~	21. I certify that I took charge of the real	A ROU		Isups A. A. Md.	and in my opinion
	death resulted from: Natural causes	Accident A. Suici		ndetermined manner	and in my opinion
	1	, Accident [4], Saler	CHIEF MEDICAL EXAMINER		
	ACTUAL Quelos H.D.	and As	ASSISTANT MEDICAL EXAMINA	NED [DATE SIGNED
	SIGNATURE CONTROL OF THE SIGNATURE	accues, p	DEPUTY MEDICAL EXAMINER	W m/a//a	DATE SIGNED
	NAME (Type) Gustave H. Far	ubert.M.D.	Address (Street, city, town, or		nie.Md.
22e	BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OR		TJON (City, town, or country)	(Stete)
R	CMOVAS 1019/61	Fort PAG	Ne Fort	-PAUNO. A	9/1.
23.	FUNERAL DIRECTOR	15 ADDRESS 10 PO	240. REC'D BY REGIS	RAR 246. REGISTRAK'S SIG	SNATURE
1	UM. COOK INC.	BAHINOTO 2	md DATE	61 arthur 2.	Flerica

The state of the s most as finished alayous to to its still the The state of the s .c. drades . I segund CM-CELTON LAMBORE & BILL

10991 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may retained by the haspital ar attending physician. Dec. RAL DIRECTOR: After this certificate has been signed by the attending physician and campletely at in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon pagess, Pages 1 and 2 shauld be filed with the registrar priar to burial, crematian, ar remayal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1 CERTIFICATE OF DEATH CERTIFICATE OF DEATH

_												men .
1. P	COUNTY	nne Arund	el	MARYL	AND	2. USUAL RESIDENCE (WHAT Maryland	nere deceased	lived. If institution b. COUNTY				
b	Dorsey		its, write	c. LENGTH OF STAY II	N 1b	Dorsey	outside carpor	ate limits, write RL	JRAL ond	give nea	rest fowr	1)
-	d. NAME OF HOS	PITAL (If nat in haspital, ç N	give street	address)		d. STREET ADDRESS						FARM?
0	NAME OF DECEASED Type or print)	SAMUEL	rst	GARFIELD		MATTHEWS	4. DATE OF DEATH	Octobe		26	/	Year 19 61
S. S	ale	6. COLOR OR RACE Colored		RIED NEVER MARRIED		Sept. 19,	1891	9. AGE (In years last birthday) 8280 yrs.	Months	Days	IF UNDI Hours	ER 24 HRS. Min.
10a.	during most of war	orking life, even if retired	done 10b.	KIND OF BUSINESS OR	INDU	TRY 11. BIRTHPLACE (Stote	-	untry)	12. CI	TIZEN O	F WHAT	COUNTRY
13. (Samuel	Matthews				Sarah Bre						
	WAS DECEASED E	VER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. II	r. James Ma	tthew	B Dors			М	d
	Canditions, if gave rise to cause (a), statin lying cause las	g the under-	Re L	rebrael Lenifl	S	elerosis aemourl ia	rag	3 2	7	ONS,	RVAL BE ET AND	DEATH
OK.	20a. ACCIDENT V	VAS UNDERLYING JI CAUSE OF DEATH LY MEDICAL EXAMINER)				NOT RELATED TO THE TERMI			EN IN PAR	RT 1(o) 1	PERFO	AUTOPSY PRMED?
MEDICAL	20c. TIME OF INJI Hour a. m p. m 21. I certify alive on ACTUAL SIGNATURE	. 10	While at war	k at while at work at work at work	fac	accurred at/0.150		the causes an eet, city or jown, s	.,that I		te state	(State) deceased abave ATE SIGNED
	PHYSICIAN'S F	rank E	Si	ripley			()	\			/	
	Burial			St. Res		crematory Cemetery	Harm	on (City, town, at	A •	Co.	(State	à.
23	puneral diffecto	or's signature	uxl	ADDRESS STORY BURN	le	240. REC'I	CT 31 '6		TRAR'S SIG			

A Little and the second fest, 19, 1851 mantes Telephone 1000 (Chira Swyall Laborer Secured Markettews Try ventally niverity at meets, , and Att. Took t Store to Marmin a series to the series of the rales lor all

haurs after death. Page 4

replined by the haspital ar attending physician.

TO FUNEXAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely files, in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Board of Health priar to burial, cremation, or remayal, and in any event, within 72 haurs after death.

AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ?

TO HO VR A15 (4) 15M 9/59

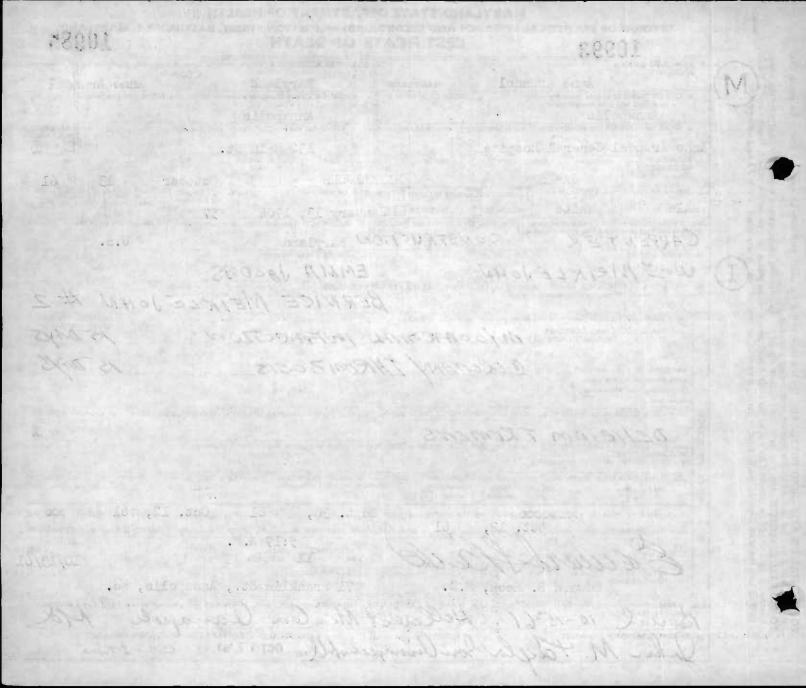
3.0000	
1. PLACE OF DEATH O. COUNTY HANE ARUNOEL MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)
HNNAPOLIS	HNNADOLIS
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS THATE ST.
3. NAME OF . First . Middle	
3. NAME OF DECEASED (Type or print) FLORENCE C.	MEADE DEATH Oct. 5 196/
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In years last birthday) Nanihis Days Haurs Min. 7 yrs.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU:	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
HOUSE WIFE HOME	MARYLAND U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. IN	NFORMANT Address
(Yes, no, or unknown) (If yes, give wor or dates of service)	HELMA MEADE #2
1B. CAUSE OF DEATH [Enter anly one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: CERER PM	HEMORRHIAGE ONSET AND DEATH
IMMEDIATE CAUSE (a) CONTROL OF THE TO	17 121 OICH HITE
	I UE CARTOUASCULAR, DISEASE 10 YEARS
I gove rise to immediate!	OF CHAINOUTS CONTRACTOR OF TERMIS
cause (o), stoting the under-	
lying cause last.) (c)	TO THE PARTY OF TH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	D. (Enter nature of injury in Port I or Port II of item 18.)
Hour o.m. While Not while	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ctary, street, affice bldg., etc.)
	1 1
21. I certify that (I) (this hospital) attended the deceased fram	JAN 1855. to 5 OCT , 196/, that (1) (we) last
	death accurred a A.M., fram the causes and on the date stated abave.
22a. SICHATURE	ATTENDING MED. STAFF SIGNED
Ballary & Deck	M.D. PHYS. PHYS. SIGNED
2(CPMSICIAN'S NAME (Type)	22d. ADDRESS
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O	R CREMATORY 23d. LOGATION (City, town, or caunty) (State)
BREMOVAL (SPECIAL) 10-8-61 (FRADE)	Bluff HNNApplie Mo
ADRESS ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
In Matouto a lan Climan	1- MA A DE: 10 101
pom. 11, Julion + you mayou	to, DATE OF OTHER S. Knows

10000 are the second of the second o

		9
TO BOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	dea 1 Page 4 may be retained by the hospital or attending physician. Yes TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and comparely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours effer death.	
	15M 7/61	

10993 CERTIFIC	ATE OF DEATH	,
PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before administration of the control of the	nissio
a. COUNTY Anne Arundel MARYLA	Maryland b. COUNTY Anne Arunde	1
b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY II		
write RURAL end give nearest town)		
Annapolis	() Annapolis	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS e. IS RESI	
ne Arundel General Hospital	132 Main St. YES N	
NAME OF First Middle	Last 4. DATE Month Dey Year	- 49
DECEASED (Type or print) TAMES	OF DEATH O + 1 - 20 10	,_
OATIES	TEIRLEJOHN UCTOBER 13 17	51
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 2 Months Days Hours	4 HK
lale White WIDOWED TO DIVORCED T	January 13, 1904 57 yrs. Months	74(1112
. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR IN	OUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT CO	UNTE
APPENTS Representation of the state of the s	Maryland U.S.	
FATHER'S NAME	Maryland U.S.	
LA AND BA		
WI MICIKLE VOHN	EMMA JACORS	
WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.		
as, no, or unkown) ((fyesgive war or dates of service)	BERNICE MEIRLE JOHN #	2
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETW	EEN
DART I BEATH WAS CAUSED BY	ONSET AND DE	ATH
IMMEDIATE CAUSE (6) MYOCARDI	AL INFARCTION 15DA	כא
4201 DUE TO		11
Conditions, if eny, which \ (b) COCOMBRV	THROMBOSIS 15 DAY	5
gava rise to immediate cause		
(e), staring the underlying		
cause last. (c)	TO THE PER PORT OF THE PERSONNEL PROPERTY COMPANION COVERNIAN AND AND AND AND AND AND AND AND AND A	TORS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH B	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AU PERFORI	MED?
DELICIUM TREMENS	YES N	0
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OC	CURED. (Enter neture of injury in Pert I or Pert II of item 1B.)	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (S	tate)
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20 Hour a.m. While Not While et work at work	factory, street, office bldg., etc.)	.210)
p.m. 19 et work at work		
21. I certify that (I) (DOCHESONAL) attended the deceased	rom Sept. 30, 19.61 to Oct. 12, 19.61, that (1) (X	20
	that death occured atM, from the causes and on the date stated	
	5:19 A.M. 22b.	
220. SUMMITTURE	ATTENDING MED. STAFF	SIGN
o aller at the	M.D. PHYS. DIRECTOR PHYS. 10/	13/
21. PHYSICIAN'S NAME (Type)	22d. ADDRESS	
Edward S. Beck, M.D.	71 Franklin St., Annapolis, Md.	
a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEME	TERY OR CREMAJORY 23d. LOCATION (City, town or county) (Stet	9
MEMOVAL (Specify)	est Mem Com Junapolis Ma	X
Durial 10-15-61 Have	258. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
	125a REC'D BY REGISTRAR 125b REGISTRAR'S SIGNATURE	
4 JONERAL DIRECTOR'S SIGNATURE ADDRESS	0 - 1 1 0 1 1	
Jahn M. Facelor Son Curs	rappalish Date OCT 17'61 Cultur S. Kroms	

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. COUNTY Page e. STATE director. Pag or your files. Anne Arundel MARYLAND Maryland b. CITY OR TOWN (if outside corporete limits. c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b 50 Annapolis Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d STREET ADDRESS for funeral retained in State B Anne Arundel General Hospital 121 Charles Street NAME OF Middle OF DECEASED with the DEATH (Type or print) October 0 9. AGE (In yeers | IF UNDER 1 YEAR 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED 2 with last birthdey) Page 5 m s 1 and 2 v 72 hours WIDOWED DIVORCED Female 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY I done during most of working life, even if retired) HOUSEWIF pages 1 within PM3. 0 WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 (Yes, no, or unkown) | (Ifyesgivewerordetesofservice) permit. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] Office along v burial-transit p noval, and in PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Arteriosclerotic cardiovascular disease pencil ed bluods Office DUE TO removal, Conditions, if eny, which gave rise to immediate ceuse DUE TO (e), steting the underlying certificate cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY CERTIFICATION ate, writing the word ", the Chief Medical Ex IR: Page 3 should be urior to burial, cremation 20a. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ' 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While et work et work OR: P p.m. 21. I certify that I took charge of the remains described above, held an Autopsy X Inspection y execute the cermonal before the forwarded to JNERAL DIRECT Suicide Natural causes X Accident Homicide Undetermined manner death resulted from: CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Russell S. Fisher, M.D. NAME (Type) Address (Street, city, town, or county)

should be for FUNERAL ₽40 g VS. A15ME

JOHN M. TAYLOR SON ANNAPOLIS MO.

22e. BURIAL, CREMATION, 22b. DATE THEREOF

REMOVAL (Specify)

22c. NAME OF CEMETERY OR CREMATORY

DATE OCT 2 3 '61

22d. LOCATION (City, town, or country)

(County)

Anne Arundel

e. IS RESIDENCE

YES NO

1961

IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? NO Ta

(Stete)

and in my opinion

DATE SIGNED

(Stete)

10/16/61

Year

ON A FARM?

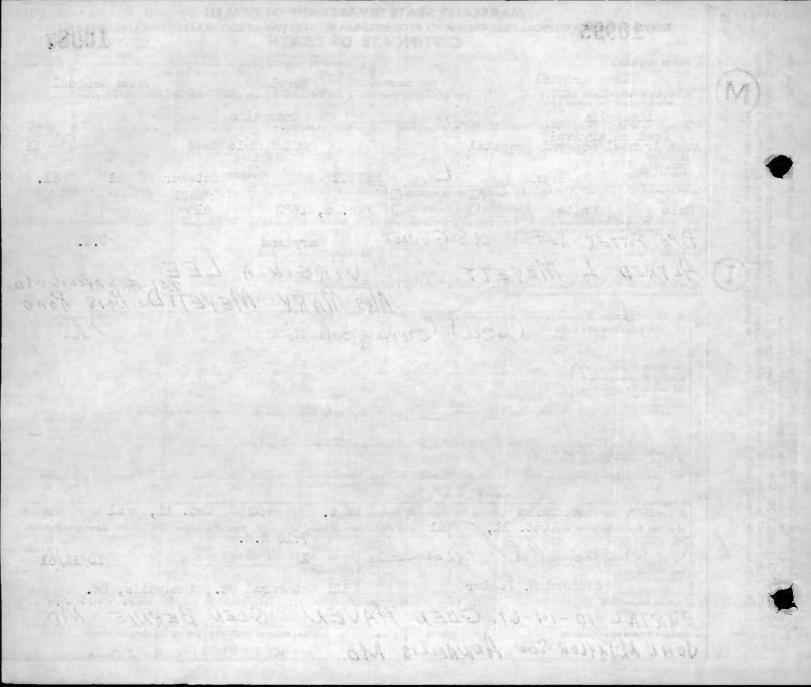
1 200 W.M. Sum Fi .. Messum CONTRACT TO STORE OF THE PROPERTY OF STREET, S THE EXAMPLE OF A STATE OF THE PART OF THE PART OF THE PARTY.

15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION 9 19 ATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1	. PLACE OF DEAT	H			2. 1	USUAL I	ESIDEN	CE (Where de	ceased lived, If	institution:	Resident	ce before a	dmission)
	a. COUNTY AT	ne Arundel		MARYLAN		a. STATE	Mozz	lond	b. COUN		Α.	mahda	7
1		(if outside corporate lim	its. I.c.	LENGTH OF STAY IN		c. CITY O	Mary.		orate limits, write			runde	
	write RURAL en	d give nearest town)			9	R			01010 11111110, 147111	O KOM IE OI	a give i	1001031 101	,
n	Annar				7	10		apolis					
71	MAME OF HOSP	TAL OR INSTITUTION (if not in hospital	, give street eddress)	5.	d. STREET	ADDRESS						A FARM?
		General	Hospital			1	201	DuBois	Road				KXON
	NAME OF	First		Middle		Last		4. DATE	Month	1	Day	Yea	r
	DECEASED (Type or print)	Fran	k	L.	MEYE	ETT		OF DEATH	October		11	19	61.
	5. SEX	6. COLOR OR RACE	7. MARRIEDX	NEVER MARRIED	8. DAT	E OF BIRT	Н	9.	AGE (In years	IF UNDER	1 YEAR	IF UNDER	24 HRS.
	Male	White	WIDOWED [. 6,	1880		last birthday) 81 yrs.	Months	Days	Hours	Min.
	IOa. USUAL OCCUPAT	TON (Give kind of work	10b. KIND	OF BUSINESS OR INDI	USTRY 11.	BIRTHPLA	CE (Count	ly & State, or	foreign country)	12. CI	TIZEN O	F WHAT	COUNTRY?
	PIPE FIT	orking life, even if retire		S. GOVI	T.	M	arvla	nd			11	.S.	
1	13. FATHER'S NAME	EX 11-1.		0.000			MAIDEN I				- 0		
	AL FRED	1 11.	/	-		1:0	-		1 = =				
//-	TAFRED	ER IN U.S. ARMED FOR	YEI	7		111	6-11	14	LEE	010	418/1	0011	cnt
		fyesgive war or dates of:		CIAL SECURITY NO. 1	7. INFO	RMANT	211	M	Address	1/1/	200	1702.	2
					IVIRS.	11/1/	INV	IVIE	PEII	Du,	001	8 1	OAD
	18. CAUSE OF	DEATH [Enter only one	cause per line	for (a) (b), and (c).)		0						ERVAL BET	
	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (a)	Use	isk low	rank 1	cell	esqu				UN /	ISET AND	DEATH
	420.1	DUE TO			,						7 -		
	Conditions, if an	y, which) (b)											
	gave rise to immed	liate cause											
	(e), steting the	Inderlying DUE TO											
1.	cause last.) (c)	TIONIS CONTRIB	HITINIC TO DEATH BUT	T NOT BEL	. 710 70 7	THE TERMINA	las Biscass	COLUDITION ON	CENT ON BAR	T 44 3 4	0 11/45	LITOREY
1	PARI II. OTHE	R SIGNIFICANT CONDI	HONS CONTRI	BUING TO DEATH BUI	I NOT KELA	A IED TO I	HE TERMIN	INT DISEASE	CONDITION GIV	EN IN PAK	1 I(a) I		DRMED?
	3										1	YES	NO XX
	OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH	20b. DESCRIE	BE HOW INJURY OCCL	JRED. (Ente	r nature o	injury in F	Part I or Pert II	of item 18.)				
- 1		MEDICAL EXAMINER)											
3	20c. TIME OF INJU	JRY Month, Day, Ye			PLACE OF		Home, farm bldg., etc.		or town)	(Co	unty)		(Stete)
1	Hour e.m.	19	While at work	Not While at work	,0CIO1 y , 311	iooi, oinco	biog., sic.	1					
		that (I) KOKOCKOKK	15Ki attended	the deceased fro	sm S	ent.		1960 to	Oct. 1	17 - 19	61 +	hat (I)	Wall last
		sed alive onOC				_							
	22a. SIGNATURA	sed alive on	Candulage for	19 X.L, and 1	mar dear	in occur		A.M.	me causes	and on	me da	226	
	228. SIGNATURE	~ Vo - 11	11/	Van De		ATTENDIN	G_ N	NED.	STAFF			, 220	SIGNED
	7	interes	N	we we		PHYS.	Ra-	IRECTOR _	PHYS.]	0/11,	/61_
	22c. PHYSICIAN'S NAME (Type	1	Deele		1	22d. ADD					-		
		Richard N	. Peele	r		121	Cathe		t., Anna			d	
3	BURIAL, CREMAT	10 - 14	111	GLEN 9	HAV	EX	1	GLE	N BE	RNI	E I	M	D.
1	4 FUNERAL DIRECTO	R'S SIGNATURE	1	ADDRESS			25a. REC	D BY REGIST	RAR 25b. REG	GISTRAR'S	SIGNAT	TURE	-
	JOHN M	TAYLOR SO	NO AL	WAPOLIS	11/1	h	DATE ()(T 1 7 '6	1 0	rthur &	4		
L	40.10 1.1	/ /		I-HI-	1416	1	DAIL ME	28 1 1 0		nun s	/ Mal	44	



MARYLAND	STATE	DEPARTMENT	OF	HEALTH
NAME OF TAXABLE PARTY O		the last Name of Street, or other last of the		D 100 7 10 10 10 10 10 10 10 10 10 10 10 10 10

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1096 CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decaasad livad, If institution, Residence before edmission)
. COUNTY AUNE ARUNOEL MARYLAND	e. STATE b. COUNTY A A
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corperete limits, write RURAL and give nearest town)
wrife RURAL end give flearest town)	* Pasadena alaco ma
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS Pockey . IS RESIDENCE
Urundel Several Hospital	ATG Box 269 GCCOM YES NO DE
3. NAME OF First Middle	Last 4. DATE Month Dey Yeer
DECEASED (Type or print) FRED	MILBURY DEATH 10 3 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
m WIDOWED DIVORCED	6 / 11 OO Sat birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Tetres, and Buthers	Belford Va US.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Melbru	hunle lement
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	NFORMANT A Address)
(Yes, no, or unkown) (Ifyesgiveweror detes of service) 215097864	Kutter A Wellow Bil 269
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).]	INTERVAL BETWEEN
A	ONSET AND DEATH
IMMEDIATE CAUSE (a) HCUTE MYD	CARDIAL LNFARCTION MINUTES.
920.1 DUE TO	
Conditions, if eny, which geve risa to immediate causa	
(e), stating the underlying DUE TO	
ceuse last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
LVG	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF THERE, NOTIFY MEDICAL EXAMINER)	(Enter neture of injury In Pert I or Pert II of item 18.)
6-4	CE OF INJURY (Home, farm, ' 20f. (City or town) (County) (Stete)
Hour a.m. P.m. Not While Not While at work at work	
21. I certify that (I) (this hospital) at/ended the deceased from	196/ to 10/3 196/ that (I) (we) last
1 / 3 / 3 6 / /	death occured at
220. SIGNATURE /	22b, DATE
Dichail V celm M	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) KICHARD N. PEELER	ANNAPULIS, MD.
	OR CREMATORY 23d 3QCATION (City, town or county) (State)
REMOVAL (Specific Oct 6-61 Sly Have	V Saly Mesma Ga Co Mid
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Kenard & Temle Josephan K	DATE OCT 6 '61 Cultury 3. Total

2001 Construction of the second of Hatter of the contract of the Mentallia and the second of the cost of the second There of a fact the flower had a wife to the same

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before adprission) a. COUNTY I director. Page for your files. e. STATE b. COUNTY Anne Arundel Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) Board of write RURAL and give nearest town) Seat Pleasant Annapolis d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS funeral State B Anne Arundel General 7114 F. Street NAME OF 4. DATE Middle Month DECEASED OF with the (Type or print) DEATH October BENLL MIN MILLER 0 B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED (, 2, a rage 5 m rs 1 and 2 w 3 2 with ast birthdey) Months 30.1924 White WIDOWED T DIVORCED Male hould be executed with the first pages 1, 2, or office along with form PM3. Page 5 a burial-transit permit. File pages 1 and moval. and in any event. within 72 hr 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) floor Sander Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lawrence H. Miller Isabelle Keithlev 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give wer or detes of service) Louise M. White, 7114 F.St., Seat Pleasant, Md Office along w burial-transit po 1B. CAUSE OF DEATH [Entar only one cause per line for (e), (b), and (c), PART I. DEATH WAS CAUSED BY: Accidental drowning IMMEDIATE CAUSE (a) **DUE TO** removal Conditions, if eny, which (b) d "pending" i Examiner's O geve rise to immediate cause m DUE TO SS (a), steting the underlying pesn cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION ease execute the certificate, writing the word should be forwarded to the Chief Medical E **FUNERAL** DIRECTOR: Page 3 should be its designated agent, prior to burial, cremat 20a. EXTERNAL CAUSE WAS PRIMARY TO or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED, (Entar neture of injury in Part I or Part II of item 18.) attempting to swim ashore after row boat sunk CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 1 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) fectory, street, office bldg., etc.) presumed Not While Anne Arundel et work et work K South River 21. I certify that I took charge of the remains described above, held an Autopsy K Inspection Inquiry Homicide Undetermined manner death resulted from: Natural causes Suicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE PULY DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) Howard OF CEMETERY OR CREMATORY 22a. BURIAL, CREMATION, 22d. LOCATION (City, town, or country) BURIAL (Specify) 240 p 10-27961 Fort Lincoln Bladensburg, Md 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. AISME arthur S. Kraus W.W. Chambers Company, Riverdale, Maryland | DATIOCT 25'61

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE ON A FARM?

YES NO

23, 19 61

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO

(State)

Md.

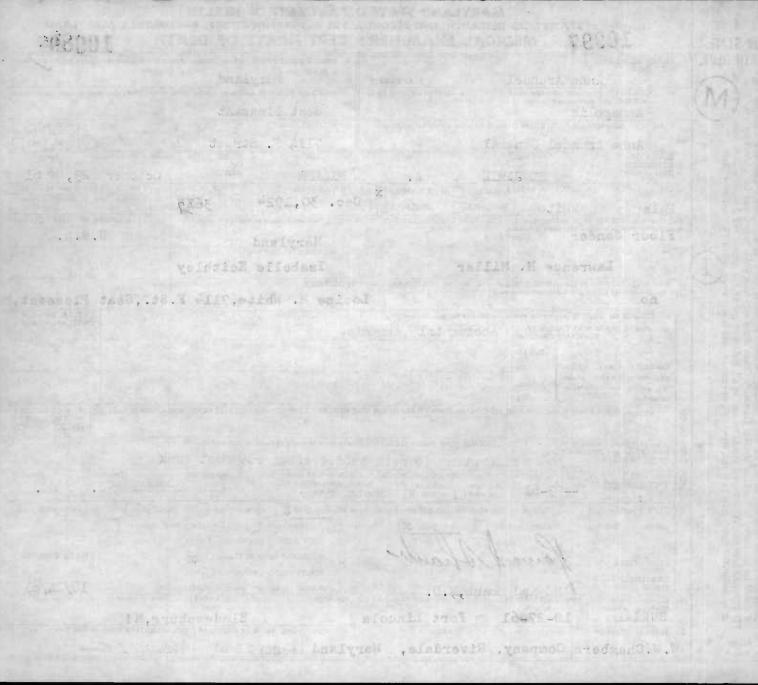
and in my opinion

DATE SIGNED

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

(County)



FOR STATE HEALTH DEPT delay is necessary TO L. JUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. It delay is necess please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your if TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any penil within 72 hours after death.

VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1000 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1099()

	PLACE OF DEATH		2. USUAL RESIDE	ICE (Where deceased lived, If	institution: Raside	nca befora a	dmission)
	Anne Arundel	MARYLAND	a. STATE	b. COUN	ITY		
	o. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	c. LENGTH OF STAY IN 16	Same	(If outside corporale limits, write	RURAL end give	nearest tow	/n)
Bal	timore 25	Life	Same	1/4			
	I. NAME OF HOSPITAL OR INSTITUTION (if not	n hospitel, give straat address)	d. STREET ADDRESS			ON	A FARM?
22	25 Boliva Ave. Potapsco	Park	Same Last	4. DATE Month	Day	· Land	ИО
	DECEASED (Type or print)	Middle	P031	OF DEATE October	6th.	19	
5.	SEX Mary Ann Myers	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years		-	
	WIP WIP	OWED DIVORCED	9/24/61	last birthday)	Months Days	Hours	Min.
10a	USUAL OCCUPATION (Give kind of work	DE. KIND OF BUSINESS OR INDUSTI			12. CITIZEN	OF WHAT O	OUNTRY
dor	e during most of working life, avan if retired)	None	Dol+imon	na Ma	USA		
12	None	None	Baltimor		USA.		
13.	TATILE S NAME						
	Aubery Myers		Alverta H				
15. (Yes	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Address			
	No	None	Alverta How	ward (mother)			
1	18. CAUSE OF DEATH [Enter only one cause	per lina for (a), (b), and (c).]				TERVAL BET	
	PART I. DEATH WAS CAUSED BY	outo mulmonome d	nfootion		0	Sudde	
- 1		cute pulmonary i	HIACTION			Duada	211
	52/12 DUE TO						
	Conditions, if eny, which (b)						
	(a), stating the underlying DUE TO						
	cause last. (c)						
8	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	INAL DISEASE CONDITION GIV	EN IN PART 1(a)		UTOPSY RMED?
E/					7.00		NO T
CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	ESCRIBE HOW INJURY OCCURED. (Entar nature of injury in Pa	rt I or Part II of itam 18.)			
MEDICAL			ACE OF INJURY (Homa, far tory, streat, office bldg., at		(County)		(State)
MEC		t work et work					
	21. I certify that I took charge of the	remains described above, he	eld an Autopsy ,	Inspection X, Inquir	y X, and	in my o	pinion
	death resulted from: Natural causes	Accident , Suid	ide , Homicide	Undetermined m	anner 🗍		
	1	. /	CHIEF MEDICAL				
	ACTUAL VILLE TO	Harbott			6/61	DATE SIG	NITTO.
	SIGNATURE	· · · · · · · · · · · · · · · · · · ·	M.D.	23	Burnie.		MED
	EXAMINER'S NAME (Type) Gustave H. Fau		Address (Street,	city, town, or county)	Dui III.	• • • •	
	BURIAL, CREMATION, 22b. DATE THEREOF BURIAL Spacify) 10-7-61	Mt Calvary	- 0	Baltimore N	or country)	(State	e)
23.	FUNERAL DIRECTOR	ADDRESS	24e. RE	C'D BY REGISTRAR 24b. REGI			
	Adolphus Halstead 918	Dmid Hill Ave	OC		Lun S. France		
		PLUIC WILL MAG	DATE				

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e. IS RESIDENCE

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19

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO X

(Stete)

22b. DATE

/61

1961, that (I) (we) last

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

Type

(County)

IF UNDER 24 HRS.

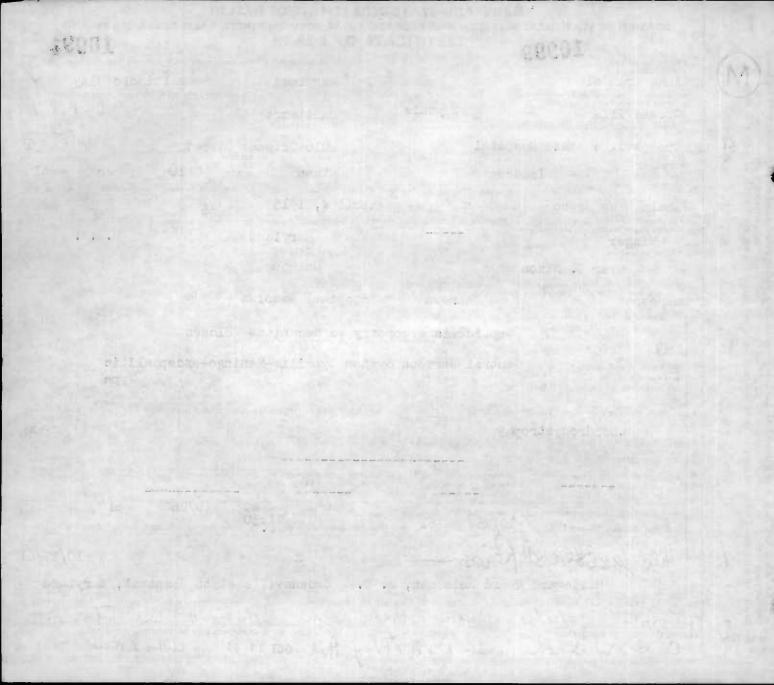
26

Months

ON A FARM? YES NO Y

61

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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND 11000 CERTIFICATE OF DEATH

11000	CERTIFICA	ATE OF DEATH		10992
1. PLACE OF DEATH a. COUNTY	MARYLAND	2. USUAL RESIDENCE (Who	ere deceased lived. If institution: b. COUNTY	Residence before odmission)
b. CITY OKNOWN (If autside carporate limits, write RURAN and give nearest town)	LENGTH OF STAY IN 16	10 Clnn	utside corporote limits, write RUR	AL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress of institution Manor	ess)	d. STREET ADDRESS	oss Have	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Marian Blanch	e 140SS	Nobije	4. DATE OF Manth OET	14 19 G
5. SEX Female 6. COLOR OR RACE 7. MARRIED [WIDOWED]	DIVORCED [May 9-18	78 83 yrs.	Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work dane 10b. KINI dyring most of working life, even if retired)	OF BUSINESS OR INDI	anno	spoles me	2. CITIZEN OF WHAT COUNTRY
13. FATHER STAME Deurge W. Mo.	15	Mary J.	Varkenson	
15. WAS DECEASED EVER N U. S. ARMED FORCES? (Yes, no. or unknown) If yes, give wor or doles of service) 16. SOC	IAL SECURITY NO. 17.	Dorothy L.	Noble Address	2
18. CAUSE OF DEATH [Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (a), stoting the under-lying cause lost. (c)	ECEBA	AL THEON	n 30515	INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONT	TIC HE	T NOT RELATED TO THE TERMINATION OF T	SEASE	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Month, Day, Year 20d. INJUR Hour o. m. While at work		PLACE OF INJURY (Home, farm, octory, street, office bldg., etc.)		(County) (State
21. I certify that (I) (this haspital) attended saw the deceased alive an 13.0C7 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type)		death accurred at/P	M, fram the causes and	, 1961, that (I) (we) las an the date stated abave 22b.DATE SIGNEI
23g BURIAL, CREMATION, 23b. DATE THEREOF 23 24 EUNERAL DIRECTOR'S SIGNATURE 22	C. NAME OF CEMETERY Reduce ADDRESS	Bluff Comt	23d. LOCATION (City, town, or of the company of the	county) (State) CAR'S SIGNATURE

DATE OCT 1 8 '61

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TOOPER ! 1400 9250 Fare Stores W. Sens . The Marian Planets 1955 A T TO THE PROPERTY OF THE and any or and cease the mean DE45/16/3. 74 Ele (2) ALL TOTAL AND THE REAL PROPERTY. State I was the first of the fi

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1001 funeral 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Maryland Tely filled in by the face. Pages 1 and 2 s hours after death. Anne Arundel Anne Arundel MARYLAND b. CITY OR TOWN (if outside corporate limits, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Breeklyn Park 38 yrs. Breeklyn Park d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) H. STREET ADDRESS 4100 Ritchie Hwy. 4100 Ritchie Hwy. NAME OF 4. DATE First Middle Month 72 DECEASED OF (Type or print) DEATH Edna O'Brien Oct 2. Mary within carbon 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | ast birthday) Months March 20, 1891 WIDOWED T DIVORCED Female White event, 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? гетоме 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) any Maryland U. S. Housewife None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please 2 and Margaret Todd Edward B. Andersen 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Then removal, (Yes, no, or unkown) | (If yes give war or dates of service) Mrs. Jacobs 4100 Ritchie Hwy. Balte. 25. Md. 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cremation. DUE TO Conditions, if any, which (b) gava rise to immediate cause DUE TO (a), stating the underlying burial, cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION 0 prior 20a. ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached for MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While While Hour am ŏ at work at work .2., 19.61, that (I) (we) last Pe 19 JJ to ... 21. | certify that (I) (this hospital) attended the deceased from.... should saw the deceased alive on...... 22a, SIGNATURE ATTENDING MED STAFF DIRECTOR 3 PHYS. PHYS. was M.D page with t 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Samuel Rubin M. D 201 Patapsce Ave. Baltimere 25. director, be filed v 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 1961 Burial Loudon Park Cemetery Frederick Rd. Balto. Md Oct. PUMERAL DIRECTIOR'S SIGNATURE **ADDRESS** 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

4001 Ritchie Hwy. (25)

e. IS RESIDENCE ON A FARM?

YES NO X

19 61

IF UNDER 24 HRS.

Year

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

NO X

(State)

22b. DATE

19

(State)

Orland & Kround

'61

Day

efely COM and physician attending the certificate has been signed, by the ruse as the burial-transit permit. physician. aftending 0 hospital the may be retained by the DIRECTOR: After this FUNERAL 0 VR A15 (4) 15M 9/60

within 24 hours after

death certificate

law requires that the

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AARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH STREET, BALTIMORE 1, MARYLAND funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) . COUNTY b. COUNTY Anne Arundel Anne Arundel MARYLAND the d 2 and b. CITY OR TOWN (if outside corporeta limits, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) filled in by t Pages 1 and write RURAL and give nearest town) yr. Crownsville Annapolis 18 da. after Pages STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) LL Calvert Street Crownsville State Hospital pletely papers. 3 NAME OF First 4 DATE Month Middle 72 DECEASED OF 10 .John Parker Francia (Type or print) DEATH within CO nogra 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR 8. DATE OF BIRTH last birthdey) Months ! physician and Male 1888 WIDOWED DE 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR (County & State, or foreign country) done during most of working life, even if retired) Maryland Handyman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please = Chesterfield Parker Armenta Colbert Unknown IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (Ifyesgive weror detes of service). Hospital Records University in Unknown 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] permit. attending physician. signed by PART I. DEATH WAS CAUSED BY: Pneumonia Ö IMMEDIATE CAUSE (e) cremation, as the burial-transit DUE TO Conditions, if eny, which certificate has been geve rise to immediate cause DUE TO (a), steting the underlying burial, 6 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) | 19. WAS AUTOPSY hospital 0 cardiovasa use prior DESCRIBE HOW INJURY OCCURED. (Enter neture of injury jo OR CONTRIBUTING CAUSE OF DEATH be retained by the CCTOR: After this Health detached 20e. PLACE OF INJURY (Home, farm, ! 20c. TIME OF INJURY 20f. (City or town) Month, Dey, Yeer 20d. INJURY OCCURRED I factory, street, office bldg., etc.) Not While Hour e.m. jo et work Tan work T DIRECTOR: 10/19 , 19.61, that (I) (we) last 19 60 pe 21. | certify that (1) (this hospital) attended the deceased from...... assed from 1994, that (1) (we) last ..., and that death occurred 35p.M, from the causes and on the date stated above. 1961 plnous State saw the deceased alive on 22e, SIGNATUR ATTENDING MED STAFF 10/20/61 X PHYS. m PHYS. DIRECTOR with th UNERAL 22d. ADDRESS 22c. PHYSICIAN'S Lionel McHenry Mapp. Crownsville State Hospital, Maryland filed 23d. LOCATION (City, town og/county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)

a. IS RESIDENCE

YES NO X

1961

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PEREORMED?

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(Stete)

22b. DATE

(Stete)

256. REGISTRAR'S SIGNATURE

RECT BY REGISTRAR

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DATE

SIGNED

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U.S.A.

ON A FARM?

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John Francis Parker 10

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In oral Westerny Mapp, M. Oromavilla State Maplital, Maryland

11003 il director, filed with 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) 1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY MARYLAND funerol c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If autside carparate limits, write c. CITY OR TOWN (If autside carporate lights, write RURAL and give nearest town pe PURAL and give nearest town) llero VL should 669 the REET ADDRES 22 puo NAME OF 4. DATE First DECEASED OF DEATH (Type ar print) DATE OF BIRTH 6. COLOS OR RACE 7. MARRIED NEVER MARRIED last_birthday) on popers. DIVORCED [WIDOWED F yrs. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or fareign country) during roost of working life even if retired) anelor puo pou ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 5 COL physicio 72 hours WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (If yes, give war or dates of service) 0 eose ottendin CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ā PART I. DEATH WAS CAUSED BY: ar commatages IMMEDIATE CAUSE (a) **DUE TO** þ permit. Canditions, if ony, which (b) certificate has been signed gove rise to immediate **DUE TO** E cause (a), stoting the underlying couse last. buriol-tronsit O PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY removol, offending 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 1B.) OR CONTRIBUTING | CAUSE OF DEATH 5 (IF EITHER, NOTIFY MEDICAL EXAMINER) o cremotion, CAL 20c. TIME OF INJURY Manth, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED use factory, street, affice bldg., etc.) Haur a. m. MEDI While Nat while this 19 at work at wark After aux 21. I certify that I attended the deceased fram. detoched f to buriol, and that death accurred at 2 DIRECTOR: ACTUAL prior SIGNATURE 3 should PHYSICIAN'S FUNERAL EN NAME (Type) 22. NAME OF CEMETERY OF CREMATOR 22a. BUTIAL, CREMATION, 22b. DATE THEREOF 22d. LOEATION (City, town, boge 10 FUNERAL DIRECTOR'S SIGNATURE 23g. REC'D BY REGISTRAR

certificote deoth the thot requires physician VS A15 (4)

15M 9/5B

IS RESIDENCE ON A FARM?

YES NO

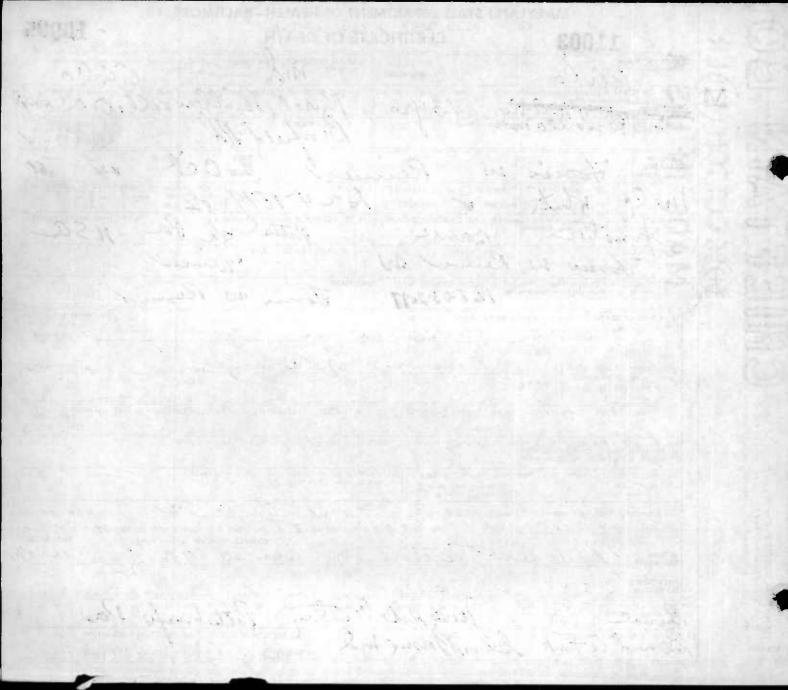
Year

Reg. Dist. No.

CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1961 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs 12. CITIZEN OF WHAT COUNTRY? Address INTERVAL BETWEEN ONSET AND DEATH 2 mays woo PERFORMED? YES NO (County) (Stote) 190 that I last saw the deceased _M, fram the causes and an the date stated above. DATE SIGNED ADDRESS (Street, city ar town, state) 24b. REGISTRAR'S SIGNATURE arthur S. Thous



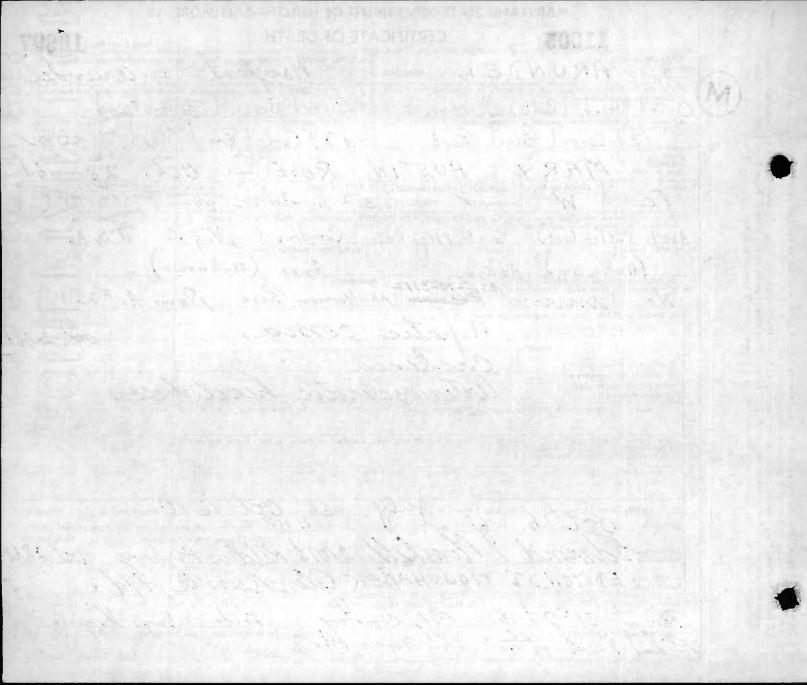
RYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 11004 funeral 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY Anne Arundel 4 to 4 Maryland Anne Arundel MARYLAND by # c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) filled in Pages 1 after Shadvside Annapolis 2 davs e. IS RESIDENCE d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) hours ON A FARM? YES NO Y West Maple General Hospital Anne Arundel Day Year 3. NAME OF 4. DATE Middle DECEASED OF DEATH (Type or print) 19 RODGERS 61 October Con carbon AGE (In years | IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS. and last birthday) Months event, WIDOWED death certificate DIVORCED Aug. 21. Male physician remove 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) WESTERN Electric Pennsylvania U.S. DUPERDISOR please 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME attending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address requires that the (Yes, no, or unkown) | (If yes give war or dates of service) ARHURS 18. CAUSE OF DEATH [Enter only one cause per line INTERVAL BETWEEN physician. has been signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 60 hours IMMEDIATE CAUSE (a) burial-transit DUE TO attending Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying the cause last. 5 After this certificate PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION hospital PERFORMED? use as 0 one prior. NO IN 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING for the OR CONTRIBUTING CAUSE OF DEATH detached (State) WEDICAL 20e. PLACE OF INJURY (Home, farm, (County) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year DIRECTOR: After tactory, street, office bldg., etc.) While Not While Hour a.m. at work at work p.m Pe ittended the deceased from Oct 15 1961, to Oct 17 1961, that (I) (we) last 17 1961, and that death occurred of 125 M, from the causes and on the date stated above. .1.7..., 196/..., that (I) (we) last 21. I certify that (I) (this the spital) attended the deceased from.... plnods saw the deceased alive on 22b. DATE SICHATURE ATTENDING STAFF SIGNED MED. PHYS. DIRECTOR PHYS. 61 Page 4 M.D. unau 22d. ADDRESS PHYSICIAN'S NAME (Type) 100 Cathedral St., Annapolis, Md. Richard I. Hochman, MD director, 23d. LOCATION (City, town or county) (State) 23a BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY OI 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) 15M 7/61 DATOCT 2 0 '61 arling & House

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 11005 Rea. Dist. No. director, filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission, o. COUNTY filed b. COUNT MARYLAND funeral CITY OR TOWN (If outside corporate limits, write) CITY OR TOWN (If tide corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b RURAL and give nearest frown) shauld d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 72 YES NO D ea 2 NAME OF ō Middle 4. DATE Yeor DECEASED DEATH (Type or print) 19 IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthday) Months Doys Haurs WIDOWED IM DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) and pon after 13. FATHER'S NAME 6 Car physici mave haurs 15. WAS DECEASED EVER IN U. S. ARMED FORCES? INFORMANT Address attending CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c), INTERVAL BETWEEN ā ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gned gave rise to immediate DUE TO cause (o), stating the underand lying cause lost burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? removal YES NO NO ending 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Port II af item 18.) certificate 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Year (County) (State) factory, street, affice bldg., etc.) o. m. While Not while of work at work 21. I certify that I attended the deceased 19_6/, that I last saw the deceased detached M, fram the causes and on the date stated above. DIRECTOR: ACTUAL be ď 70 22a. BURIAL, CREMATION, 22b. DATE THEREON 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, ar caunty) (State) REMOVAL (Specify) 1/5/210 0 23. FUNERAL STRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE

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VS A15 (4)

15M 9/58



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11006 CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH USUAL RESIDENCE (Whare daceased lived, If institution, Residence before admission) a. COUNTY b. COUNTY Anne Arundel the d 2 MARYLAND Maryland Anne Arundel by the b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) deal c. LENGTH OF STAY IN 1b write RURAL and give nearest town) filled in Pages 1 after Annapolis Annapolis d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AND DRESS hours 450 Schley Rd. 450 Schley Rd. refely NAME OF First Middle DATE Month 72 DECEASED OF (Type or print) DEATH October 8, within COL carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 5. SEX last birthday) and Months WIDOWED 3 Male DIVORCED event, White March 18 requires that the death certificate physician гетоуе 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (County & State, or foreign country) dona during most of working life, even if retired) Clothing Store Baltimore. Maryland Ret. Prop. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please 5 aftending and Lena Kasmirski Nathan Rosenstein Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO. | 17. INFORMANT removal (Yes, no, or unkown) | (If yes give war or datas of sarvice signed by the Mrs Jeannette Rosen- Daughter- same 18. CAUSE OF DEATH [Enter only one cause per line fer (a), (b), and (c).] permit. physician. PART I. DEATH WAS CAUSED 8Y: 0 IMMEDIATE CAUSE (a the burial-transit purial, cremation, cremation, DUE TO attending Conditions, if any, which certificate has been gave rise to immediate cause DUE TO (a), stating the underlying cause last. hospital or PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION Se 0 prior 2Db. DESCRISE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 2Da. ACCIDENT WAS UNDERLYING for OR CONTRIBUTING [] CAUSE OF DEATH After this o the Health (IF EITHER, NOTIFY MEDICAL EXAMINER) detached be retained by 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20f. (City or town) factory, street, office bldg., etc.) While Not While Hour a.m. 5 at work at work may be retained DIRECTOR: Dept. Pe 21. I certify that (I) (this hospital) aftended the deceased from to..... 3 should saw the deceased alive on. State SIGNATURE 22a. DIRECTOR PHYS. PHYS. M.D. FUNERAL page 22d. ADDKESS 22c PHYSICIANIS NAME (Type) ELER 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. SURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) O in a Baltimore, Maryland Oct. 9.1961 Hebrew Friendship Burial ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4)

15M 9/60

25a. REC'D 8Y REGISTRAR 25b. REGISTRAR'S SIGNATURE

Tuneral

Home

Annapolis, Md.

DATE GCT 1 0 '61

Orthur S. Thous

(County)

e. IS RESIDENCE ON A FARM?

YES NO

19 61

IF UNDER 24 HRS.

Hours

AS # Z

ONSET AND DEATH

PERFORMER?

NO

(State)

22b. DATE

SIGNED

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Year

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FOR STATE HEALTH DEPT

CONTOUR MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. By delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director-Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your file.

**O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and with the State Board of Salth or its designated agent, prior to burial, cremation, or removal, and in any event within 7 hours after death.

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Z	please execute the certificate, writing	.0	(1)	
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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, MEDICAL EXAMINER'S 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 999

	PLACE OF DEATH COUNTY	2. USUAL RESIDENCE (Where decaased lived, If institution: Residence be a. STATE b. COUNTY	afore admission)
	Anne Arundel MARYLAND	Maryland Anne Arun	
	b. CITY OR TOWN (if-outside corporate limits, write RURAL and give neerest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neare	ast fown)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet address)	Glan Burnie	IS RESIDENCE
			ON A FARM?
	Anne Arundel General	200 0100003001 211101	ES NO
	3. NAME OF First Middle DECEASED (Type or print)	Last 4. DATE Month Day OF DEATH	Yaar
	ANDREW	SIMMS October 7.	19 61
1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8		JNDER 24 HRS.
1	Male White WIDOWED DIVORCED	9/29/61 last birthday) Months Days Ho	ours Min.
	10a. USUAL OCCUPATION (Giva kind of work done during most of working life, even if retirad)	Asttomore lity (Me Ben. Frestl) 12. CITIZEN OF W	HAT COUNTRY?
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	- 31
		V	145.97
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I		
	(Yes, no, or unkown) [(Ifyesgivewarordatesofservice)	NFORMANT Addrass	
-1			
ľ	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]		AL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonitis	ONSET	AND DEATH
1	1 Tien o		
	165.0 DUE TO		
	Conditions, if any, which (b)		
	gava rise to immediata causa		
-	(a), stating the undariying		
		T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 11 19	VAS ALITOPSY
	PART II. OTTER SIGNIFICANT CONDITIONS CONTRIBUTION TO DESTRIBUTION		PERFORMED?
	CAI	YES	□ но 🗶
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 208. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING COURSED. (ED. CAUSE OF DEATH SUT NO.)	ntar natura of injury in Part I or Part II of itam 18.)	
		CE OF INJURY (Homa, farm, † 20f. (City or town) (County)	(Stata)
		ory, street, office bidg., atc.)	(Sidid)
V	21. I certify that I took charge of the remains described above, he	Id an Autopsy , Inspection X, Inquiry , and in	my opinion
	death resulted from: Natural causes X, Accident , Suici	de . Homicide . Undetermined manner	
9		CHIEF MEDICAL EXAMINER	
	ACTUAL SIGNATURE Ide W Reeled	Medical Investigator v	E SIGNED
		DEPUTY MEDICAL EXAMINER	9/61
3	NAME (Type) Peter W. Rieckert, M.D.	Addrass (Street, city, lown, or county)	3/0I
1	220. BURIAL CREMATION, 226. DATE THEREOF 220. NAME OF CEMETERY OR REMOVAD (Specify)	(School Gallanore Md	(Stata)
1	23. FUNERAL DIRECTOR ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	
	24. I MILLION PINCOLON	007 4 0 104	
		DATE Circhen S. Thous	

January Tederloo Thister . I she best to M.D. MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

			1	1	1	Ut	1
2.	Dist.	No.	die	SE,	V	UI	Ĵ

-		Reg, Dist. No.
	o. COUNTY Crundel MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE Mary Land b. COUNTY
	b. CITY OR TOWN (it outside corporate limits, write RURAL and give Arcrest town)	c. CITY OR TOWN (If stylide corporate limits, write RURAL and give nearest town)
	d. HAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES 10 NO 1
	NAME OF First First (Type or print)	Last 4. DATE Month Day Year OF DEATH / 0 11 1961
1	Married Never Married B. Midowed Divorced D	DATE OF BIRTH 9. AGE (In years lost birthday) 4-1/-1897 9. AGE (In years least birthday) Months Days Hours Min.
	0a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1	13. FATHER'S NAME Smith	14. MOTHER'S MAIDEN NAME Stephen Smith
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (If yes, give wor or dates of service)	elen & Smith Tothian, Md
	18. CAUSE OF DEATH [Enter only one cause per line for (o). (b); ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate cause (a), staling the underlying cause last. (c)	INTERVAL BETWEEN ONSP AND DEATH
		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	PRIMARY LI or CONTRIBUTING CI	ter noture of injury in Port 1 or Port II of item 18.}
		E OF INJURY (Home, form, ry, street, office bldg., etc.) (City or town) (County) (Stote)
1	21. I certify that I took charge of the remains described above death resulted from: Natural causes 17. Accident, Suicident signature EXAMINER'S NAME (Type)	ide , Hamicide , Undetermined cause . M.D. CHIEF MEDICAL EXAMINER . ASSISTANT MEDICAL EXAMINER . DEPUTY MEDICAL EXAMINER .
1	(1700. BYRIAL, CREMATION, 1270. DATE THEREOF 120. NAME OF CEMETERY OR CORNEY (3pecify) 10 = 145 - G1 Mases	- January Company
12	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS	DATE 240. REC'D BY PEGISTRAR 246. REGISTRAR'S SIGNATURE GULLAND BY PEGISTRAR 246. REGISTRAR'S SIGNATURE GULLAND BY PEGISTRAR 246. REGISTRAR'S SIGNATURE GULLAND BY PEGISTRAR 246. REGISTRAR'S SIGNATURE

VS. A15ME(5) 5M 9/55

OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be of uted within 24 hours after the Page 4 may be retained by the hospital or attending physician.

OFUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be feathed for use as the burial, cremation, or removal, and in any event, within 72 hours afterdated be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours afterdated.

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VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

	MAKILAND SIAIE DEP	AKIMENI O	LUEWFI	П
DIVISION OF STATISTICAL	RESEARCH AND RECORDS,	301 W. PRESTO	N STREET,	BALTIMORE 1, MARYLAND
11009	CERTIFICATE	OF DEATH		1100

	_	22.000	
		PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission)
1	M	Anne Arundel MARYLAND	Maryland b. COUNTY Anne Arundel
1		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town)
		Annapolis 3 days	RURAL - Deale
p.		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS e. IS RESIDENCE
-	A	nne Arundel General Hospital	ON A FARM? YES NO
		NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
		(Type or print) Dorothy V.	STELLIJIES OF DEATH October 23 1961.
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
		Female White WIDOWED DIVORCED	Aug. 15, 1916 Last birthday) Months Days Hours Min.
	10a	. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR'	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	99	dering most of working life, even if retired) Restaurant	Manual and
1	13.	FATHER'S NAME	Maryland U.S.
		George KNODE	ELLEN COLLINS
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, I	
	{Ye	s, no, or unkown) (If yesgive wer or dates of service)	
		8/5-30-0115/1/	elvin Stelleies Deale, Mid
		18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	O L I INTERVAL BETWEEN ONSET AND DEATH
		PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Intentinal	obstruction 4 days
	-	171X DUE TO	
		Conditions, if eny, which > (b) Metastate Caro	unma to bowel 2 years
		gave rise to immediate cause	
1		(a), stating the underlying DUE TO A CLUBTON A	sorrier 5 years
	z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY
	15		PERFORMED?
3	N N	200. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED.	YES NO XX
J	CERTIFICATION	OP. CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (Enter neture of injury in Pert I or Pert II of item 18.)
	S. A.		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	MEDICAL	11001 0.111	ory, street, office bldg., etc.)
	2	P	70+ 1 10/0 1 00+ 22 10/7 11 10 (0-2)
			Oct. 1. 1960, to Oct. 22, 19.61, that (I) (Max) last
			death occured atM, from the causes and on the date stated above.
1		226 SCHATURE	ATTENDING MED. STAFF 22b. DATE
			D. PHYS. DIRECTOR PHYS. 10/23/6/
		22c, PHYSICIAN'S NAME (Type)	22d. ADDRESS
1		Willard F. Smith, M.D.	Shadyside, Md.
6	23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C	A4
)		BURNOU 10-26-61 HILLCREST	Memorial ANNAPOLIS Md
	24	FUNERAL DIRECTOR'S SIGNATURE APORESS . //	25a. REC'D BY REGISTRAR 75b. REGISTRAR'S SIGNATURE
	1	T& Hardesty + Son Galexuille	Mal DATE NOV 1 '61 arthur S. Kraus
	-	THE STATE OF THE S	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b funeral c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) shauld be RURAL and give nearest town) HNNApolis d. NAME OF HOSPITAL (If not in hospital, give street address) STREET ADDRESS IS RESIDENCE ON A FARM 69 40 YES NO c NAME OF 4. DATE Middle Month Year DECEASED (Type or print) Pages 19 9. AGE (In years lost birthdoy) IF UNDER TYEAR IF UNDER 24 HRS. B. DATE OF BIRTH S. SEX 6. COLOR OR RACE 7. MARRIED DINEVER MARRIED Months Days Hours WIDOWED | DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working the even if retired) 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. Address 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which gove rise to immediate DUE TO caese (o), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES T NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour o. m. Not while While of work of work p. m. 21. I certify that I attended the deceased fram. 19____,that I last saw the deceased alive and and that death occurred at M, fram the causes and an the date stated above. ADDRESS (Street, city or toy DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 220. BURIAL CREMATION. (Stote) REMOVAL (Specify) BaltIMORE 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR 3 '61 VS A1S (4) 15M 9/\$5

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FOR STATE HEALTH DEPT TO ZEVITY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Thy delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages A and 2 with the State Board of Phalth, or its designated agent, prior to burial, cremation, or removal, and in any event within 2 hours after death.

VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11003

e. COUNTY			E (Where decessed lived, If		nce before admissi
Anne Arundel	MARYLAND	a. STATE Maryland	Anne	Arundel	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, writ	e RURAL end give	neerest town)
Gambrills	Few minutes	/ Gambrills			
d. NAME OF HOSPITAL OR INSTITUTION (if not in ho		d. STREET ADDRESS			. IS RESIDEN
Fish Pond, at Box 83, Maple R	han	Maple Road	1 Box 115		YES NO
3. NAME OF First	Middla	Last	4. DATE Mont	h Dey	
(Type or print) Tage delystal of			OF		
	Weitzer ED NEVER MARRIED K 8.	DATE OF BIRTH	9. AGE (In yeers		1961
7. MARKI		- 4 / C	last birthdey)	Months Deys	Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. 1		18/60	1호 yrs.		
done during most of working life, even If retired)	KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State o	r foreign country)	12. CITIZEN	OF WHAT COUNT
	None	Annaplias	Md.	USA	
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME		
Claude Sweitzer		Roselind Cree	ach		
	SOCIAL SECURITY NO. 17. I	NFORMANT	Address		
Man Man (III)	None Cla	uda Creattean	(6-th)		
1B. CAUSE OF DEATH [Enter only one cause per	None GLa lina for (e), (b), end (c).	ude Sweitzer	(18 mer)	LIN	ITERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	cidental drawni	no		0	udden
1 0 0 0	CIGERRAL GLAWIN	.446		0,	adde11
DUE TO					
Conditions, if any, which gave rise to immediate cause					
(a), steting the underlying DUE TO					
cause last. (c)					
PART II. OTHER SIGNIFICANT CONDITIONS COL	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINA	L DISEASE CONDITION GIV	EN IN PART 1(e)	19. WAS AUTORS
CAT					YES NO D
208. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING	IBE HOW INJURY OCCURED. (E	nter nature of injury In Pert I	or Part II of item 1B.)		
CAUSE OF DEATH.	+-17-	fish mond o	C / foot door		
20c. TIME OF INJURY Month, Dey, Yeer 20d.	tally fell in a	fish pond of	f 4 feet deep	(County)	(State)
20c. TIME OF INJURY Month, Dey, Yeer 20d. Hour a.m. While	The state of the s	ry, street, office bldg., etc.)			
- 14.33 ""TU-13/01 "	A P F IS	h Pond	Gambrills,	A Md	1
21. I certify that I took charge of the ren			spection K. Inquir		in my opinior
death resulted from: Natural causes	Accident X Suici		, Undetermined m	anner	
ACTUAL GILL WE	1) 0	CHIEF MEDICAL EX			
SIGNATURE TUSTAVE IT	Lauber 184	M.D. ASSISTANT MEDIC	AL EXAMINER	. 1	DATE SIGNED
EXAMINER'S		DEPUTY MEDICAL E	XAMINER 10/15,	/61	
NAME (Type) Gustave H. Faub	ert,M.D.	Address (Street, cit	y, town, or county) Gle	en Burnie	e.Md.
22e. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Spacify)	22c. NAME OF CEMETERY OR		2d. LOCATION (City, town,	or country)	(State)
Burios 18-0ct. 1961	tort Lincol	n Cen, F	rince Georges	(o)	Md.
23 FUNERAL DIRECTOR	ADDRESS		BY REGISTRAR 246. REGI	STRAR'S SIGNAT	URE
K. V. Dingleton	flen Burnie,	Md. DATE OC	T 1 9 '61 C	inima S. Th	all/a
		I DAIL			

1.4: . W. callenge . Budill - It would donate deligible and and and some THE RESERVE OF THE PARTY OF THE Appeller tell to be been been attended to the best of the . W. min and male we do to the first the first the first of the same of

FOR STATE HEALTH DEPT TO CAPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. By delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

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> VS. A1SME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

11012 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11004

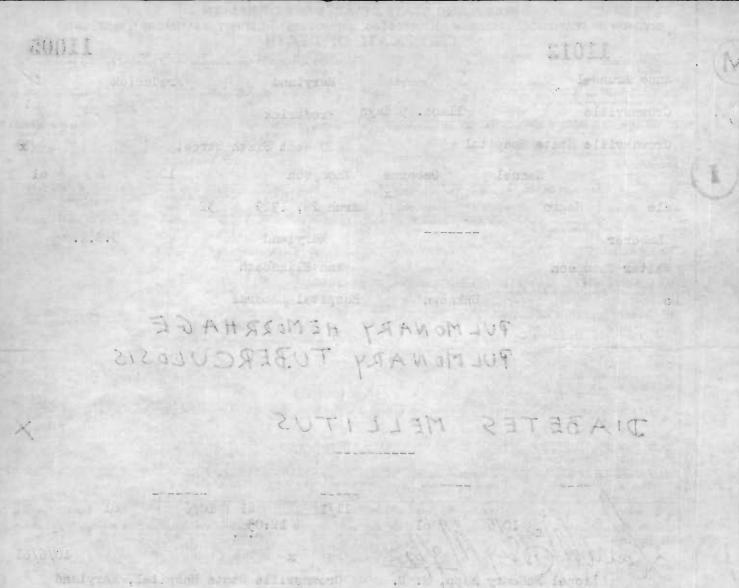
	Anne Arundel OR TOWN (if outside corporate limits, e RURAL end give neerest town) Brooklyn (E OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) 301 Key Avenue OF First Middle LED JOHN 6. COLOR OR RACE 7. MARRIED NEVER MARRIED VIONCED VIONCED VIONCED VIONCED LA OCCUPATION (Give kind of work ig most of working life, even if retired)	MEDVIEND	- CTATE -		L COUNTY .	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest lown) Brooklyn d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) 301 Key Avenue 3. NAME OF DECEASED (Type or print) JOHN 6. SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED DIVORCED DIVORCED ON ORDER OF THE PRINT OF BUSINESS OR INDUST done during most of working life, even if relired) Retired 13. FATHER'S NAME Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) [lifyesgive were orderes of service) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Arter gave rise to immediate cause (a), steing the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO. 19. IN CAUSE OF DEATH. 200. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 200. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 200. ITME OF INJURY Month, Dey, Yeer While at work at				nits, write RURAL end g	rive neerest town)	
d. NAM	E OF HOSPITAL OR INSTITUTION (if not in h	nospilel, give street eddress)	d. STREET ADDRESS		The second	. IS RESIDENCE
	301 Key Avenue		301	Key Avenu	le	YES NO I
		Middle	Last	4. DATE	Month	Dey Yeer
		н.	THOMPSON	DEATH	October	8 19 61
5. SEX	Male Colored WIDOWED DIVORCED 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stete or foreign country) 12. CI Retired 13. FATHER'S NAME Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Ifyesgive were redetes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (Ifyesgive were redetes of service) 17. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Goronary Artery Occlusion.		EAR IF UNDER 24 HRS.			
Ma.				2.2	Monnie	ys Hours Min.
b. CIV OR TOWN [if outside corporate limits, write RURAL and give necessal town). Brooklyn d. NAME OF NOSTITUTION (if not in hospital, give streat eddress) 301 Key Avenue 3. NAME OF DECEASED (if year pirit) JOHN THOMPSON THOMPSON AND DEATH October SEX 6. COLOR OR RACE [7, MARRIED] NEVER MARRIED] 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 110. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. GIT Retired 13. FATHER'S NAME Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. COLOR OR RACE [7, MARRIED] NEVER MARRIED] III. BIRTHPLACE (State or foreign country) 12. GIT Retired 13. FATHER'S NAME Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. II. INFORMANT Address Condition, if any, which gave were oddless diservice) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART II. DEATH WAS CAUSED BY: (b) Generalized Arteriosclerosis. Condition, if any, which gave rise to immediate cause [a), stelling the underlying cause leaf. 20. DETERNAL CAUSE WAS PRAME OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 20. CONTRIBUTION (CIVEN TO THE WORK) 20. DETERNAL CAUSE WAS PRIME II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 20. DETERNAL CAUSE WAS PRIME II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 20. DETERNAL CAUSE WAS PRIME II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 20. DETERNAL CAUSE WAS PRIME II. DOT IN PART 20. DETERNAL CAUSE WAS PRIME II. DOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 20. DETERNAL CAUSE WAS PRIME II	EN OF WHAT COUNTRY					
-			THE REAL PROPERTY.	./		
			14. MOTHER'S MAIDEN	NAME		
Brooklyn d. NAME OF HOSPITAL OR INSTITUTION (if not in hospilet, give strest eddress) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospilet, give strest eddress) d. STREET ADDRESS 3. NAME OF DEATH OCTOPE 1. DATE OF DEATH OCTOPE 1. DATE OF DEATH OCTOPE 1. DATE OF BETH 2. AGE (in year) [If NORRI YEAR] IN FUNDER 24 H Months Day Hours Months OCTOPE 1. AGE (in year) [If NORRI YEAR] IN FUNDER 24 H Months OCTOPE 1. AGE (in year) [If NORRI YEAR] IN FUNDER 24 H Months OCTOPE 1. AGE (in year) [If NORRI YEAR] IN FUNDER 24 H Months OCTOPE 1. AGE (in year) [If NORRI YEAR] IN FUNDER 24 H Months OCTOPE 1. AGE (in year) [If NORRI YEAR] IN FUNDER 24 H Months OCTOPE 1. AGE (in year) [If NORRI YEAR] IN FUNDER 24 H Months OCTOPE 1. AGE (in year) [If NORRI YEAR] IN STREET ADDRESS OF BEATH OCTOPE 1. AGE (in year) [If NORRI YEAR] IN STREET ADDRESS OF BEATH OCTOPE 1. AGE (in year) [If NORRI YEAR] IN STREET ADDRESS OF BEATH OCTOPE 1. AGE (in year) [If NORRI YEAR] IN STREET ADDRESS OCTOPE 1. AGE (in year) [If NORRI YEAR] IN STREET ADDRESS OCTOPE 1. AGE (in year) [If NORRI YEAR] IN STREET ADDRESS OCTOPE 1. AGE (in year) [If NORRI YEAR] IN STREET ADDRESS OCTOPE 1. AGE (in year) [If NORRI YEAR] IN STREET ADDRESS OCTOPE 1. AGE (in year) [If NORRI YEAR] IN STREET ADDRESS OCTOPE 1. AGE (in year) [If NORRI YEAR] IN STREET ADDRESS OCTOPE 1. AGE (in year) [If NORRI YEAR] IN STREET ADDRESS OCTOPE 1. AGE (in year) [If NORRI YEAR] IN STREET ADDRESS OCTOPE 1. AGE (in year) [If NORRI YEAR] IN STREET ADDRESS OCTOPE 1. AGE (in year) [If NORRI YEAR] IN STREET ADDRESS OCTOPE 2. AGE (in year) [If NORRI YEAR] IN STREET ADDRESS OCTOPE 2. AGE (in Year) [If Year) [If Year] [If NORRI YEAR] IN STREET ADDRESS OCTOPE 2. AGE (in Year) [If Year] [If NORRI YEAR] IN STREET ADDRESS OCTOPE 2. AGE (in Year) [If Year] [If						
(res, no, or	(II yes give well of deles of service)	Pos	de Procine	OT Von	Dmaalal am	MA
18. C	RUSE OF DEATH [Enter only one causa pe	er line for (a), (b), and (c).]	Te prooks-	301 Veh	prookTh	INTERVAL BETWEEN
P		ronary Artery Oc	clusion			ONSET AND DEATH
4	0 -					
Conditi	ions, if eny, which \ (b) Get	eralized Arteri	osclerosis.		97 B	
gave ri	se to immediate cause					
	aring the underlying					
		ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE CONDIT	TON GIVEN IN PART 1	
ATIO						
20a. E		CRIBE HOW INJURY OCCURED. (E	inter netura of injury in Per	I or Part II of item 1B	.)	
PRIMA CAUSE						
₹ 20c. T	IME OF INJURY Month, Day, Year 200				n) (County	y) (State)
EDIC	at w	1110 111110	ory, street, office bldg., etc.)		
	p,m, 17		ld an Autonsy	Inspection [Inquiry 😭	and in my opinion
		_ / _				and in my opinion
deam	resulted from: Ivalural causes	Ageiden L, Suic		_	med manner	
ACTU	IAL (1) /	V.				DETE SIGNED
SIGN	ATURE Challes J.	etty.	M.D.			A A4
	IINER'S Charles	S. Petty, M.D.				10/3/01
	, CREMATION, 226. DATE THEREOF				ity, town, or country)	(Stata)
-		Mt Auburn		Baltimo	re.City	
B. COUNTY Anne Arundel b. CITY OR TOWN (if outside coperate limits, write RURAL and give nearest town) Brooklyn d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give site at address) JOHN JOHN H. THOMPSON JOHN H. THOMPSON DEATH Cotopera WIDOWED ITYPE OR POWN (if outside coperate limits, write RURAL and give nearest town) Brooklyn d. STREET ADDRESS 301 Key Avenue JOHN H. THOMPSON DEATH October 8 19 61 19. AGE (in years EVADER 1974 1974						
Sist	www. 108 W 9	montgomery	AL DATECT	1 6 '61	Oathur & H.	au A
DECRASED DOCATE						

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	1012		CERTIFICA	TE OF DEA	ATH			11005
1. PLACE OF DEATH	12010			2. USUAL RES	SIDENCE (Whe	re deceased lived,		dence before admission
Anne Arur			MARYLAND	a. STATE Maryla			ederick	V
	f outside corporete lim give neerest town) 1e	nits,	11mos. 5 day			corporete limits, w	rite RURAL and gi	ve nearest town)
d. NAME OF HOSPIT	TAL OR INSTITUTION	(if not in hosp	itel, give street address)	d. STREET AD	DRESS			e. IS RESIDENCE
Crownsvil	lle State H	Hospita	1	20 Wes	at Sixth	Street		YES NO
3. NAME OF DECEASED	Firs	it	Middle	Lest	4. DA	TE Mo	nth D	ey Yeer
(Type or print)	San	muel	Osborne	Thompson		ATH 10) (6 19 61
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In yea		
Male	Negro	WIDOWED	4/4	March 26.	1929	32 yrs.	Months Dey	s Hours Min.
10a. USUAL OCCUPAT	ION (Give kind of wor	rk 10b. KII	ND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE	(County & State	e, or foreign countr	y) 12. CITIZEN	OF WHAT COUNTRY
done during most of wo	rking life, even if refir	ed)		Mary:	land		U.:	5.A.
13. FATHER'S NAME				14. MOTHER'S M				
Walter Th	nompson			Ann El:	izabeth			
15. WAS DECEASED EV			OCIAL SECURITY NO. 17.	INFORMANT		Addr	BSS	
(Yes, no, or unkown) (I	tyes give war or dates of	service)	Inknown	Hospital	Records			
IB. CAUSE OF D	EATH [Enter only on	e ceuse per li	ne for (e), (b), and (c).]		4		~	INTERVAL BETWEEN
PART I. DEAT	H WAS CAUSED BY:	PUL	MONAR	Y HEC	TORRI	HAGI		ONSET AND DEATH
0.0	DUE TO	_						
Conditions, if eny		PUL	MONAR	4 10	BEK	CULI	0212	
gava rise to immedi	ete ceuse							
(e), steting the unceuse lest.	nderlying	,						
	SIGNIFICANT COND	ITIONS CON	TRIBUTING TO DEATH BUT I	NOT RELATED TO THE	TERMINAL DISE	ASE CONDITION C	GIVEN IN PART 1(e	19. WAS AUTOPSY
DI)	ABET	FS	MELL	ITU	5			PERFORMED?
	AS UNDERLYING	2Db. DESC	RIBE HOW INJURY OCCUR	ED. (Enter neture of in	jury in Pert I or P	Pert II of item 1B.)		
	MEDICAL EXAMINER							
			NJURY OCCURRED 20e. P	LACE OF INJURY (Hor	me, ferm, 20f.	(City or town)	(County)) (Stete)
ZOc. TIME OF INJU				actory, street, office blo	dg., etc.)			
	19			11/1	1067	10/6	1,61	1 . (1) () 1
//	/ /		led the deceased from					, that (1) (we) la
saw the deceas	ed alive gn.	10/6		at death occured	X.M.	from the cause	s and on the	22b. DATE
22a. SIGNATURE	0/11/14	Con	11/9//2	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	1	10/6/61
22c. AHYSICIAN'S	MI / (1)	will	1-11/1	M.D. PHYS.		rm13		10/0/01
NAME (Type)	Lionel Mcl	Henry 1	sapp, M. D.			tate Hosp	ital, Ma	ryland
23a. BURIAL, CREMATI	ON, 23b. DATE THE	EREOF	23c. NAME OF SEMETER	Y OR CREMATORY	23d.	LOCATION (City,	town or county)	(State)
BURIAL Society)	10-9-	67 7	FA TRY ISW	Cemetery	4. Fr.	edrick	mol	
24 FUNERAL DIRECTOR	'S SIGNATURE	1	ADDRESS, /	7 1 1/23	Se. REC'D BY RE	EGISTRAR 25b.	REGISTRAR'S SIG	NATURE
Challens	E Hank	21 - 11	1) - FREDER	TOT MA	MET 1 3 '6		ing & Kray	
- June		1	+ 01	- 1	UV LU	-	they be a fewer	VIII



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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
1101/ CERTIFICATE OF DEATH 11014

	11014	CERTIFICATI	OF DEATH		11006
1. PLACE OF DEA	TH			CE (Where decessed lived, It	
A	Arundel	MARYLAND	e. STATE Maryl	b. COU	Anne Arundel
b. CITY OR TOWN	N (if outside corporete limits				te RURAL end give neerest town)
	end give neerest town)	E	X 2000 - 1-1-000	D1-	
	clyn Park	not in hospitel, give street eddress)	d. STREET ADDRESS	Park	e. IS RESIDENCE
		nor in nospitet, give siteer eduless;			ON A FARM?
	rst Ave.		16 First		YES NO
NAME OF DECEASED	First	Middle	Last	4. DATE Mont	h Day Yeer
(Type or print)	STANLEY T	ROJANOWSKI		DEATH Oct.	15. 1961
S. SEX	6. COLOR OR RACE	7. MARRIED X NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
Male	White	WIDOWED DIVORCED	Nev. 22, 189	last birthdey) 68 yrs.	Months Deys Hours Min.
Oe. USUAL OCCUP	ATION (Give kind of work working life, even if retired	106. KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (Cour	nty & Stete, or foreign country	12. CITIZEN OF WHAT COUNTRY?
Photogra		Self-empleyed	Pland	4	U.S.
3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
Unkn	lewn		Catheri	ne	
S. WAS DECEASED	EVER IN U.S. ARMED FOR	CES? 16. SOCIAL SECURITY NO. 17.	INFORMANT	Addres	\$
(Yes, no, or unkown)	(If yes give war or detes of se	rvice)	na Cantonda	Mma formary lat	Come
		ceuse per line for (e), (b), and (c).]	rs. Gertrude	Trelamenski	Same
	ATH WAS CAUSED BY:				ONSET AND DEATH
/ / /	IMMEDIATE CAUSE (e)_	myorandil Hail	n's		
428	DUE TO				
Conditions, if e	eny, which \ (b)	ASCVD & Cong	enthre Faller	- Dride Ti	
geve rise to imm					
(e), steting the	underlying				
	HER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	NAL DISEASE CONDITION GI	VEN IN PART 1(a) 19. WAS AUTOPSY
2	TIER SIGNIFICATE CONDIT	TORS CONTRIBOTING TO DEFINE BOTT	OT REENTED TO THE TERMS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PERFORMED?
5					YES NO K
PART II. OT	WAS UNDERLYING A	20b. DESCRIBE HOW INJURY OCCURE	D. (Enter neture of injury in	Pert I or Pert II of item 18.)	
	IFY MEDICAL EXAMINER)				
20c. TIME OF IN	NJURY Month, Dey, Yee		ACE OF INJURY (Home, fare		(County) (State)
20c. TIME OF IN		While Not While fa	ctory, street, office bldg., etc	2.)	
			0.55 ()	111001	
21. I certify	that (1) (this hospital	al) attended the deceased from	7-29-41	19, to 1400	(4), 19, that (1) (we) last
saw the dece	eased alive on!.4	0 cl 6.1 19, and the	et death occured a	M, from the causes	and on the date stated above.
22e. SIGNATUR	RE		ATTENDING	MED, STAFF	22b. DATE SIGNED
1	-deer Ban	ousl. M.B.		DIRECTOR PHYS.	Oct. 16, 196
22c. PHYSICIAN	4'S	<i>J</i> . 3.	22d. ADDRESS		
NAME (Ty	(pe) Andrew R.	Sesnewski M.D.	4016 R	itchie Hwy. Ba	11to. 25, A. A. CoM
230 RIPIAL CREAT	ATION, 236. DATE THER	EOF 23c. NAME OF CEMETERY		23d. LOCATION (City, to	
REMOVAL (Spec	ify)				
Burial	Oct., 18,		Cem.	Kitchie Hwy.	A. A. Co., Md.
24 FORERAL DIRECT	TOR'S SIGNATURE	ADDRESS		C'D BY REGISTRAR 25b. RI	GISTRAR'S SIGNATURE
Menso	to Mone	4001 Ritchie Hw	y. (25) DATE 0	CT 1 9 '61 C	hihur S. Kraus
George J	Gence			0-	
2	7				

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11015 CERTIFICATE OF DEATH 11007

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edm	ission)
Anne Arundel MARYLAND	Maryland b. COUNTY Anne Arundel	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (II outside corporete limits, write RURAL end give neerest town)	
Annapolis	Annapolis	D. F. L. G. F.
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESID ON A F.	
Anne Arundel General Hospital	176 Conduit St. YES ☐ NO	OXX
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year	
(Type or print) Mazie	TUCKER DEATH October 21 19 6	
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF SIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24	Min.
Female White widowed DIVORCED	Nov. 2, 1887 73 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	TRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COL	JNTRY?
ITOUSE-HOME HOME	Maryland U.S.	O.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME, 1044 Modern (Vsia
SAMUEL (CANDELL	Stalla Housel Distance	March
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address Address	MA
(Yes, no, or unkown) (Ifyes give war or dates of sarvice)	rs William J. Owens	
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTÉRVAL BETWE	EEN
PART I, DEATH WAS CAUSED BY:	Paton collurae 2 Lason	
IMMEDIATE CAUSE (a)		
4201 DUE TO	0: 1 1:	
Conditions, Il eny, which geve rise to immediate cause	had infunction stayed	
(e), steting the underlying DUE TO		
cause lest. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTO-	
ř		DI C
20a, ACCIDENT WAS UNDERLYING 20b, DESCRIBE HOW INJURY OCCURE	D. (Enter nature of injury in Part I or Part II ol item 18.)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
Hour a.m. WhileNot While fa	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Statory, street, office bldg., etc.)	ate)
21. certify that (I) (this hospital) attended the deceased from	, 19, toQct21,, 19.61 that (I) (WE	A last
saw the deceased alive on Oct. 21, 19.61, and the	at death occured atM, from the causes and on the date stated a	bove
22a. SIGNATURE	11:00 P.M. 22b. D	
I Mail I Ille	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 10/23/	67
22c. PHYSICIAN'S	22d. ADDRESS	
NAME (Type) Richard N. Peeler	121 Cathedral St., Annapolis, Md.	
238. SURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMÉTERY		,)
REMOVAL (Specify) (12-24-1911) RODUM	Blul Part / Spara police m	20
24 FUNERAL DIRECTOR'S SIGNATURE 20 ADDRESS	25a, REC'D 8Y REGISTRAR 25b REGISTRAR'S SIGNATURE	-
John M. Lander Surve Simone	ole Md OCT 2 E 1C1	
Horney in the	DATE DE Liviling S. Krous	

deam, rigge 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be before the burial cremation, or removal, and in any event, within 72 hours after feath. 15M 7/61

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

11010

CERTIFICATE OF DEATH

11010				LAUUN
1. PLACE OF DEATH		2. USUAL RESIDENCE	CE (Where deceased lived, If	institution: Residence before admission
a. COUNTY		a. STATE	b. COU	
b. CITY OR TOWN (if outside corporate limits,	MARYLAND	Maryla		Anne Arundel
write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITT OK TOWN (I	r ourside corporate timitis, writ	te RURAL and give nearest town)
Annapolis		A	nnapolis	10
d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	spital, give street address)	d. STREET ADDRESS	Michard	a. IS RESIDENCE
				ON A FARM?
DOA Anne Arundel Gener	ral Hospital	601 6th		YES NO
3. NAME OF Pirst DECEASED	Middle	Last	4. DATE Mont	th Day Year
(Type or print)	INGAR	MANAGE TO SERVICE	DEATH OCT	OBER 11 19 61
		DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
			last birthday)	Months Days Hours Min.
Female White WIDOWS	DIVORCED F	eb. 20, 1914	47 yrs.	
10b. K done during most of working life, even if retired)	IND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Coun	ty & State, or foreign country	12. CITIZEN OF WHAT COUNTRY
	aves bema	Nitten Can	ohool ovokia	USA
13. FATRER'S NAME WITE	own home	Nitra, Cze	NAME	UDA
Simon Katcher		Gizella (Unknonw)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. (Yes, no, or unkown) (Ifyesgive war or dates of service)	SOCIAL SECURITY NO. 17. I	NFORMANT	Addres	s
	100	AT TT	- C	# 2
18. CAUSE OF DEATH [Enter only one cause per	ine for (a), (b), and (c),	Norbert Unga	r - Son- sam	6 85 # Z
PART I. DEATH WAS CAUSED BY:		1.05	2/201	ONSET AND DEATH
IMMEDIATE CAUSE (a)	- 1 My otov	wax "	Much	- Collect
420,1 DUE TO C	0	, ,0	1	
Conditions, if any, which \ (b)	mun Can	Linker	alast	
gave rise to immediate causa	1			
(a), stating the underlying DUE TO				
causa last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS COL	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	HAL DISEASE CONDITION GI	VEN IN PART 1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS COL				PERFORMED?
O ACCIDENT WAS INDEED VING EL LOOF DE	SCRIBE HOW INJURY OCCURED.	(Entre nature of Initial in	Part Los Part II of item 19	
DR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURED.	(cnter nature of injury in	ran for ran ii of heat to.;	
2Dc. TIME OF INJURY Month, Day, Year 2Dd. While Hour a.m. 19 at wo	INJURY OCCURRED 2De. PLA	CE OF INJURY (Home, farm	n, ; 2Df. (City or town)	(County) (Stata)
Hour a.m. Whil	Transport of the state of the s	ory, street, office bldg., etc.	3	
	rk at work		1/1/1/1	
21. I certify that (I) (this hospital) atter	ded the deceased from	from minn,	1921., to	/, 19(1./., that (I) (we) lar
saw the deceased alive on	19 / and that	death occured at	M. from the causes	and on the date stated above
22a. SIGNATURE	7.,			22b. DATE
1110	1. 7		MED. STAFF	SIGNE
11/1/1/11/11/11/11	blucues m.	U. SEL	DIRECTOR PHYS.	000 11,61
22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS	A - A - A	
Maurice F. Kl	awans	31 Southg	ate ave. An	napolis, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, to	own or county) (State)
REMOVAL (Specify)				
Burial Oct. 12, 1961	Kneseth Israel		Annapolis, M	d.
24 PUNIFIAL DIRECTOR'S SIGNATURE	ADDRESS		Annapolis, M	GISTRAR'S SIGNATURE
Honning Finerel Home An	nenolie Md	DATE	OCT 1 6 '61	withing &. Thousand

death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with 72 hours after death.

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Siren Satcher Gizella (Unknonw)

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We want to the state of the sta

Maurice P. Alexans 31 Coutigote ave. ennecolis. M3.

Buris] Oct. 12,136, knesoth isreel Annacoll, Md.

. Horping runerel fose A napolis. 14.

FOR STATE HEALTH DEPT. TO DARPITY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. It is delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

11017 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11009

a. COUNTY			CE (Where deceased lived, If instituti	ion: Rasidence before edmission)
Anne Arundel	MARYLAND	a. STATE	b. COUNTY	7 0 1
b. CITY OR TOWN (if outside corporata limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (II	ryland foulside corporete limits, write RURA	L end give nearest town)
write RURAL end give neerast town)		V an -		
d. NAME OF HOSPITAL OR INSTITUTION (if not in he	***	Glen Bur	nie	
d. NAME OF HOSPITAL OR INSTITUTION (If not in he	ospitel, give streat address)	d. STREET ADDRESS		IS RESIDENCE ON A FARM?
Charterhouse Motel -	Revell Hwy.	510 Glei	nview Avenue	YES NO
3. NAME OF First DECEASED	Middle	Last	4. DATE Month	Dey Year
(Type or print) LOUIS	VATE	NTINE	DEATH Octobe	r 24, 19 61
		. DATE OF BIRTH	9. AGE (In yeers IF UNI	
10.24	THE VER MARKED		lest birthdey) Mont	
111200 1110011		+th July 1907		CITIZEN OF WHAT COUNTY
done during most of working life, evan if retired)	KIND OF BUSINESS OR INDUSTR	II. BIKIMPLACE (Stere of		. CITIZEN OF WHAT COUNTRY?
	Self Employed	Mount Ver	rnon, New York	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
Mauro Valentine		Raffi	illa Sasso	
	SOCIAL SECURITY NO. 17. I	NFORMANT	Address	
(Yas, no, or unkown) (Ifyes giva war or datas of service)	18 18 2113 Mr	. Vincent Va	lentine Come	N= 42
18. CAUSE OF DEATH [Enter only one cause per		. VINCELL VE	TELLCTUR 2 guile	As #2
		anddone Art.	an diamena	ONSET AND DEATH
IMMEDIATE CAUSE (a)	teriescleretic	cararovasear	ar disease	
422.1 DUE TO				
Conditions, if eny, which (b)				
geve rise to immediate cause				
(e), stating the underlying				
(6)	NTRIBUTING TO DEATH BUT NO	T DEL ATEN TO THE TERMIN	AL DISEASE CONDITION GIVEN IN	BART 1/-\L 10 \WAS ALITORSY
E TAKE III. OTHER SIGNATION CONSTITUTES	MADONINO TO DEATH DOT NO	T KLEATED TO THE TERMIN	AL DISEASE COMMITTION SIVEN IN	PERFORMED?
3				YES NO 1
PART II. OTHER SIGNIFICANT CONDITIONS CO	RIBE HOW INJURY OCCURED. (E	ntar nature of injury in Part	I or Pert II of item 18.)	
0		CE OF INJURY (Home, farm,		(County) (State)
Hour e.m. Whi	16	ory, street, office bldg., atc.)		
		Id an Autonou 🖃 📗	i Incomplian D. Income D	1
21. I certify that I took charge of the re			Inspection, Inquiry	and in my opinion
death resulted from: Natural causes	Accident Suici	de, Homicide [, Undetermined manner	
	1//	CHIEF MEDICAL EX	CAMINER	
SIGNATURE SIGNATURE	Maule	M.D. ASSISTANT MEDIC	CAL EXAMINER TO	DATE SIGNED
	,	DEPUTY MEDICAL	EXAMINER	
EXAMINER'S Howard Shaul	b. M.D.	Address (Street, ci	ty, town, or county)	10/24/61
228. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OR		22d. LOCATION (City, town, or cou	
REMOVAL (Spacify)	Glan Haven C.	ometer	Glan Burnia	Manuland
Burial 27th Oct. 1961	I Glen Haven Co		Glen Burnie,	Maryland
RIV. A TH				
sechard Singleton	OGlen Burnie,	Md. DAGCT	26'61 arthur &	. Thate
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ezam maken general activities with the second of the second se Rentmirester (ret.) Self-curityed | Newstander, wer lord | Sa et elus? Salina fet gracent vett Cill bl Bas Native Villa et al contra Description of the second of the second Dates of the tites distributed by the bear of the burning and THE THOUSAND THE THE PROPERTY OF THE PROPERTY

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 11010 11018

1. PLACE OF DEATH •. COUNTY Ann	ne Arundel		MARYLANI		usual Reside		e decaesed lived, If b. COU	LTV -	erset	admission)
b. CITY OR TOWN (i write RURAL end Crownsvi)	f outside corporete lim give nearest town)	its,	c. LENGTH OF STAY IN 1	ь	c. CITY OR TOWN		corporata limits, writ	RURAL and	give naerest to	own)
d. NAME OF HOSPIT			pitel, give street address)		d. STREET ADDRES	SS .			10	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	First Georg	•	Middle Washington	W	last aters	4. DAT OF DEA	30			961
5. SEX Male	6. COLOR OR RACE	7. MARRIEN	NEVER MARRIED DIVORCED DIVORCED		15, 1885	5	9. AGE (In years lest birthdey) 76 yrs.		YEAR IF UND	ER 24 HRS.
10a. USUAL OCCUPATI done during most of wo Farmer 13. FATHER'S NAME	ION (Give kind of work	ed)	nd of Business or Indu		Somerse MOTHER'S MAIDE	t, Mar			S.A.	COUNTRY
	Robert Wa					Ellen	Shields			
15. WAS DECEASED EV (Yes, no, or unkown) (III		service)	18-16-9758		spital Re	ecords	Addrass			
Conditions, if eny geve rise to immedi (e), sleting the uncause last. PART II. OTHER Active 20a. ACCIDENT W. OR CONTRIBUTING	ele couse Inderlying DUE TO (c) R SIGNIFICANT COND Pulmonary AS UNDERLYING CAUSE OF DEATH	Arte	riosclerotic TRIBUTING TO DEATH BUT CULOSIS AND E CRIBE HOW INJURY OCCU	NOT REL	ATED TO THE TERM	MINAL DISEA	SECONDITION GIVE		ONSET AND	
20c. TIME OF INJU Hour a.m.	her (I) (this hospined alive/pr)	tal) attend	Not While	fectory, s	ATTENDING PHYS.	19 60 19 M, fr	to 10/18/ rom the causes STAFF PHYS.	10/1	1, that (I) ne date stat	ed abov 2b. DATE SIGNE
23a, BURIAL, CREMATI EMOVAL (Specify)	QN, 236. DATE THE		23c, NAME OF CEMETE	RY OR C			SCATION (City)			(State)
24 FUNERAL DIRECTOR	S SIGNATURE	45	A MEN CLA	OB	od.		GISTRAR 25b. RE	GISTRAR'S SI		

f Name of Both

All roa. C de. Princess Anse Oronavillo T

Occumentate State Hosmitel

Ceoree Cash atom Shakers

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Fernar Ferming Borsest, Maryland

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Ris-16-47-98 Hammited Moreoverland

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active Policonny Tuberculosis and Debriration

Lionel McHenry Mann, M. D. Cronmertl & State Hospilel, Maryland

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Page 4 may be retained by the hospital or attending physician.

OFCNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. ed within 24 hours after The law requires that the death certificate be PITAL OR ATTENDING PHYSICIAN:

SP! 11020

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 11019

1. PLACE OF DEATH a. COUNTY			nstitution: Residence before edmission			
Anne Arundel MARYLAND	e. STATE Maryla	and	Baltimore City			
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b			RURAL and give neerest town)			
write RURAL and give neerest town) Crownsville 15 vrs. 2 mos	D-244		2 V 0 1 4			
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS		e. IS RESIDENCE			
Crownsville State Hospital	657 W. Conwa	or Street	ON A FARM?			
			YES NO X			
3. NAME OF First Middle DECEASED		DATE Month OF	Day Year			
(Type or print) Holden	Wiggins	DEATH 10	28 1961			
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS.			
Male Negro WIDOWED DIVORCED	1906	last birthdey) 55 yrs.	Months Deys Hours Min.			
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & S	State, or foreign country)	12. CITIZEN OF WHAT COUNTRY			
done during most of working life, even if retired) Truck Driver Factory	Nonth Comeli		II C A			
13. FATHER'S NAME	North Caroli		U.S.A.			
Joseph Wiggins	Unknown					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II		Address				
(Yes, no, or unkown) (Ifyesgivewerordetesofservice)						
	ospital Records	3				
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]		*	ONSET AND DEATH			
PART I. DEATH WAS CAUSED 8Y: Congestive Heart I	failure		20 days			
443 V DUE TO						
Ilremia						
gave risa to immadiete ceuse						
(a) stating the underlying DUE TO	Iomanaulan Dia	1.28				
cause lest. Hypertensive Card:						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL D	DISEASE CONDITION GIVE	N IN PART 1(e) 19. WAS AUTOPSY PERFORMED?			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOP PERFORMED CONVULSIVE DISORDER - Post-traumatic 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.)						
20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED.		or Part II of item 18.)				
20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. OR CONTRIBUTING CAUSE OF DEATH CAUSE OF						
	CE OF INJURY (Home, ferm, ; 2)	Of. (City or town)	(County) (Stete)			
Hour a.m. While Not While facto	ry, street, office bldg., etc.)					
		/ /				
21. I certify that (I) (this hospital) attended the deceased from	8/30 , 194		, 161., that (I) (we) las			
saw the deceased alive on 10/28 1961, and that	death occured at 8a. N	A, from the causes a	and on the date stated above			
22e. SIGNATURE			22b. DATE			
A beecht in . M.	D. PHYS. DIRECT	TOR PHYS.	10/30/61			
22c. PHYSICIAN'S T. Ponodia + T. T.	22d. ADDRESS					
NAME (Type) L. Benedict, M. D.	Crownsville	e State Hosp	ital, Maryland			
238. BURIAL SEMATION, 236. DATE THEREOF 123c. NAME OF CEMETERY C	R CREMATORY 23	d. LOCATION (City, low	n or county) (State)			
REMOVAL (Specify) 10/30/61 1/2/ 3/2	abyland.	Balle	as Sall			
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a, REC'D B	Y REGISTRAR 256. REG	ISTRAR'S SIGNATURE			
	Course DATE OCT		ribus S. Tiraus			
76m resil 108 Wwwfites	Caparatus DATE UVI		74. / ***********************************			

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FOR STATE HEALTH DEPT. IO DEVUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. A delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

IO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Halth, or its designated agent, prior to burial, cremation, or removal, and in finy avent within 72 hours after death. VS. A15ME

5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

11021 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11013

1. PLACE OF DEATH	2. USUAL RESIDENCE (Whare deceased lived, If institution: Rasidence before admission)
COUNTY Anne Arundel MARYLAN	
b. CITY OR TOWN (if outside corporete limits, write RURAL end give nearest town)	1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
Annapolis	Baltimore 3/0)-4
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
Anne Arundel General Hospital	3908 N. Charles Street YES NO TO
3. NAME OF First Middle DECEASED	Lest 4. DATE Month Day Yeer OF
(Type or print) JACK M.	WILLIS DEATH October 6 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	May 7, 1885 lest birthdey) Months Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	JSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Retired Gen. Mgr. Beth. Steel	California U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John E. Willis	Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1. (Yes, no, or unknown) (If yes give war or dates of service)	7. INFORMANT Address
No	Mr. George R. Hill 931 W. 21st. St. Norfolk, V
1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN
PART f. DEATH WAS CAUSED BY Multiple Trauma	ONSET AND DEATH
MANEDIATE CAUSE (0) MUITIPLE TRAUMA	ore mintress
DUE TO	
Conditions, if any, which (b)	
gave rise to immediate cause	
(e), steting the underlying	
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
E CONTRACTOR CONTRACTO	PERFORMED?
3	YES NO .
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CONTRIBUTION CONTRIBUT	D. (Enter nature of injury in Pert I or Pert II of item 18.)
CAUSE OF DEATH. Passenger in aut	e-truck collision.
ZOC. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Home, ferm, ; 20f. (City or town) (County) (Stete)
Hour a.m. WhileNot While	fectory, street, office bldg., etc.)
₹ 6:20 xxx 10/6 19 61 et work at work	Bay Bridge Queen Anne Md.
21. I certify that I took charge of the remains described above,	held an Autopsy 🛣 Inspection 🔲 Inquiry 🔝 and in my opinion
death resulted from: Natural causes , Accident X, S	Suicide . Homicide . Undetermined manner
	CHIEF MEDICAL EXAMINER
ACTUAL O	
SIGNATURE Caules 3- 1 Elly	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'S	DEPUTY MEDICAL EXAMINER [10/6/61
NAME (Type) Charles S. Petty, M.D.	Address (Street, city, town, or county)
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER	OR CREMATORY 22d. LOCATION (City, town, or country) (State)
Burial 10/9/61 Druid Ridge	e Cemetery Pikesville , Maryland
23. FUNERAL DIRECTOR ADDRESS	24e. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
with: 0 1.6 10 10 10	
William & Suchney of Sono Var. North Hea	ng. Une. DATE 9 161 Chiller & Krane

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Committee B. Newby, M.L.

18/3/01

TO HO IAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exected within 24 hours after a death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completery filled in by the funeral or director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after reath.

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11022 CERTIFICATE OF DEATH 11014

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
a. COUNTY MARYLAND	8. STATE MAS 6. COUNTY Q Q
	c. CITY OR TOWN4tf outside corporate limits, write RURAL and give neerest town)
write RURAL and give neerest town)	In (). had med
Millersville	d. STREET ADDRESS I O. IS RESIDENCE
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
Knollwood Maner	205 Houcester IT YES NO
3. NAME OF DECEASED First Middle	Last 4. DATE Month Day Year OF
(Type or print) Allem Months	Jon DEATH 10 14 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey Months Days Hours Min.
temule White WIDOWED DIVORCED	June 3-1887 74 yrs. Months Days Hours Mill.
	TRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Get School Leather Scales	18. a. Co md. M.S.A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Places At Monthington	mayant Bout
15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 37.	INFORMANT Address My 11 C+
(Yes, no, or unkown) (Ifyesgivewarordetesofservice)	Manufley of - Frankley of De
	Carroll Wollhughen Amapolis Ma
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET-AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	14, Intolesan /3 per
4/CV DUE TO	
60	
geve rise to immediate ceuse	
(e), stating the underlying DUE TO	
ceuse lest. (c)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY
PART III OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT P	PERFORMED?
3 Clabeter hulliters	YES NO
OR CONTRIBUTING CAUSE OF DEATH	ED. (Enter nature of injury in Pert I or Pert II of item 18.)
Hour a.m. While Not While fe	ACE OF INJURY (Home, ferm, ctory, street, office bldg., etc.) (City or town) (County) (State)
	11/10 idel in molice while we
21. 1 certify that (I) (this hospital) attended the deceased from	AC NO A
saw the deceased alive on 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	at death occured M. M., from the causes and on the date stated above.
22e. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
1 Charl W Steller	M.D. PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) KICHARD W. PEELE	R. HINAGULIS, LA
23a AURIAL, CREMATION, 23b. DATE THEREOF 23ch NAME OF CEMETER	
Survey 10-17-61 Stauls Ch	urch Cent Crownsville Md
24 EUNERAL DIRECTOR'S SIGNATURE . ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
John M. Jayla Sino amapo	tio My DATE OCT 17'61 Carthury S. Thomas
	I I I DATE OF THE PARTY OF THE

4.71516183/12/1/ The second of the Figure Off The Connect Whitely you Completed Me were the state of BUCHER HILLER HAVERDONG, EAST referred the same them reported the course construence